Chelsea & Westminster Hospital NHS Foundation Trust

Board of Directors

Board of Directors Meeting PUBLIC

Room A, West Middlesex Hospital

05 May 2016 14:00

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Location: Room A, West Middlesex Hospital
Date: Thursday, 5 May 2016 Time: 14.00 – 16.00

Agenda

		GENERAL BUSINESS		
14.00	1.	Welcome & Apologies for Absence Apologies received from Lesley Watts.	Verbal	Chairman
14.02	2.	Declarations of Interest	Verbal	Chairman
14.05	3.	Minutes of the Previous Meeting held on 3 March 2016	Report	Chairman
14.10	4.	Matters Arising & Board Action Log	Report	Chairman
14.15	5.	Chairman's Report	Verbal	Chairman
14.25	6.	Chief Executive's Report	Report	Deputy Chief Executive
14.35	7.	Patient Experience Case Study	Verbal	Chief Nurse
		QUALITY & TRUST PERFORMANCE		
14.50	8.	Serious Incidents Report	Report	Chief Nurse
15.00	9.	Integrated Performance Report, including 62 day cancer standards update	Report Report	Executive Directors / Chief Operating Officer
15.15	10.	Administration Improvement Programme	Report	Deputy Chief Executive
		ITEMS FOR INFORMATION		
15.30	11.	Questions from Members of the Public	Verbal	Chairman
15.40	12.	Board Meeting Evaluation & Planning for Next Board Meeting	Report	Chairman
15.50	13.	Any Other Business	Verbal	Chairman
16.00	14.	Date of Next Meeting – 7 July 2016		

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Minutes of the Board of Directors (Public Session)
Held at 14.00 on 3rd March 2016 in Boardroom, Chelsea & Westminster

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Sandra Easton	Director of Finance	(SE)
	Richard Collins	Chief Information Officer	(RC)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Peta Haywood	Chief People Officer	(PH)
	Eliza Hermann	Non-Executive Director	(EH)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Andrew Jones	Non-Executive Director	(AJ)
	Thomas Lafferty	Company Secretary	(TL)
	Jeremy Loyd	Non-Executive Director	(JLo)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Zoe Penn	Medical Director	(ZP)
	Lesley Watts	Chief Executive	(LW)
In Attendance:	Roger Chinn	Site Medical Director, West Middlesex	(RCh)
	Vanessa Sloane	Director of Nursing, Chelsea & Westminster	(VS)
	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
	Martin Lupton	Ex-officio member, Imperial College representative	(ML)
Apologies:	Lorraine Bewes	Chief Financial Officer	(LB)
	Elizabeth McManus	Chief Nurse	(EM)
	Liz Shanahan	Non-Executive Director	(LS)

1.	**Welcome and Apologies for Absence**	
a.	The Chair welcomed the Board and the members of the public in attendance to the meeting. In particular, he welcomed Martin Lupton who was attending his first public meeting,	
b.	The apologies for absence were noted.	
2.	**Declarations of interest**	
a.	The Chairman reported that he is the main funder of a 'start up charity' that will be running a pilot scheme in Hammersmith & Fulham to address loneliness.	

3.	**Minutes of Previous Meeting: 7th January 2016**	
a.	The minutes of the previous meeting were confirmed as a true and accurate record.	
4.	**Matters arising and Board action log**	
a.	The Board considered the matters arising from the last set of minutes and the corresponding Board action log.	
b.	In relation to action 6.k, PH confirmed that the People & Organisational Development Committee is due to discuss how engagement with junior doctors can be strengthened at their meeting in July.	
c.	In relation to action 9.c, KMO confirmed that the organisational structure has been circulated to governors.	
d.	In response to JJ, KMO confirmed that the Hammersmith Sexual Health Clinic is due to open at the end of March and that the project is on budget. An official opening will be planned for later in the year. JJ added that the Finance & Performance Committee will undertake a post investment review later in the year and asked for this to be added to the forward plan.	**KMO**
e.	EH highlighted two additional matters arising. In relation to action 6.m, EM reported that The Quality Committee received a detailed patient experience report at the meeting held on 26th February which presented triangulated data in respect of patient feedback including complaints and PALS enquiries. The data presented highlighted 3 themes; delayed/cancelled appointments; staff attitude & oral and written communication. All of these issues have action plans which are being taken forward by the operational teams.	
f.	VS added that a programme of quality reviews known as 'back to the floor Fridays' have commenced and the feedback from these will further strengthen the quality of patient experience and feedback analysis which is being undertaken in conjunction with the national patient and staff survey results.	
g.	LW added that the Executive are taking the matter of patient feedback extremely seriously and are developing a more robust and systematic approach to ward to board feedback. Further details of the plans will be presented to the Board in due course.	
h.	In response to THH, LW acknowledged that there are pockets of extremely good practice in relation to the attitude and willingness of staff to seek patient feedback and use it to improve the service we are providing to patients. However, there is more work to do to ensure there is a consistent approach across the board.	
i.	The Board discussed the importance of developing the culture of the organisation and noted that one of the integration workstreams has been tasked with developing the values for the combined organisation. In light of the importance of this issue, the Board agreed to dedicate one of its Board Development meetings to this topic. TL undertook to ensure this was added to the Board's forward plan.	**TL**

j.	In relation to item 8.f, EH noted that the number of reported pressure ulcer incidents has increased and she assured the Board that the Quality Committee will be undertaking a 'deep dive' at its next meeting and that she will report back to the next Board meeting.	**EMc/EH**
5.	**Chairman's Report**	
a.	The Chairman advised the Board that he and LW have agreed a number of joint meetings over the coming year. They will be holding a series of meetings with staff from across both hospital sites as well as joint visits to meet teams. This will provide an opportunity to discuss both current and future issues affecting the Trust as well as gaining direct feedback from staff.	
b.	In addition, the Chairman and CEO will be organising a series of meetings with Chairs and CEO's of local acute and community care providers as well as commissioners.	
c.	A calendar of governance events will be presented to the next Council of Governors meeting on 17th March.	
d.	THH advised the Board that a number of Board members have been meeting with representatives from CW+ to discuss the future of fundraising at the Trust. Discussions are at an early stage but THH undertook to report progress at the next meeting.	**THH**
e.	The Chairman reported that he has commenced a series of meetings with senior clinicians to discuss how research & development can be strengthened at the Trust. JJ added that it is important that the Board understand the breadth R&D and their funding sources and quantum in order to inform the Trust's future strategy.	
f.	In response, ZP reported that the Research Strategy Board are currently undertaking such an exercise and that PH and the Head of Learning & Development are exploring the R&D offer we make to staff can be strengthened and how this can bring together the multi-disciplinary team to support the aims and objectives of the Trust. A series of workshops are being held and it is anticipated that the new architecture will be drafted by the end of June.	
6.	**Chief Executive's Report**	
a.	The Board reviewed and noted the report. LW noted the recent media reports which reported two very sad cases of child deaths, one in 2012 and the other in 2015. The Trust takes all such incidents extremely seriously and ensures a thorough investigation is carried out and that lessons are learnt and shared. Everyone was very saddened by these cases but it is important to note that the hospital is a very safe one which has been verified by external assessments.	
b.	A number of improvements have been made following the 2012 incident including a change to the way women are monitored during labour particularly around induction; an increase in senior medical personnel and midwives and an increase in senior support when the maternity unit is busier than planned. LW assured the Board and the public that the	

	Trust has afforded both of these incidents the seriousness they deserve.	
c.	LW also reported that car parking and private patients have also been the subject of recent media attention. With the financial challenges facing the Trust it is imperative that all areas of expenditure and income are reviewed. Failure to act will result in a £25m deficit for the coming year which is unacceptable. In response to JLo, LW confirmed that the Trust offers a concessionary parking scheme for patients who are on income support or where they need to attend hospital for a prolonged period of time.	
d.	In response to ML, LW confirmed that the Trust has an open policy with patients when incidents occur but the key is to ensure that communication is clear, timely and that our apologies are sincere.	
e.	In response to JLo, LW explained the importance of the Trust being able to secure agreement with Commissioners that the Trust's 5 year plan is seen as a fixed point in planning assumptions. This will help ensure that Commissioner plans aren't made in a vacuum and that the areas that the Trust can plan for and those that are unpredictable are accounted for.	
f.	In response to AJ, LW explained that the 1 year Sustainability and Transformation funding is based on emergency activity and will bridge the funding gap whilst a review of how the service can become sustainable in the longer term is undertaken.	
g.	The Board noted the report.	
7.	**Patient Experience Case Study**	
a.	Di Jones whose husband sadly died at the hospital last year joined the meeting to share her experiences as a career. Di has subsequently joined the hospital's Patient Experience Committee and is also a member of the End of Life Steering Group.	
b.	Di expressed her praise and admiration for the care both her husband and her received whilst a patient on Ron Johnson ward during 2014/15. In contrast when her husband was unexpectedly re-admitted to AAU their experience was not a positive one.	
c.	THH acknowledged that the Trust is aware that AAU is not a good place for patients to spend the end of their life and that the CW+ charity are working with the clinical teams to explore how the environment can be improved.	
d.	In response to THH, Di said that in common with many other patients she feels safe in the hospital and has nothing but admiration for the clinical and chaplaincy staff who supported her throughout the time she spent with her husband. Although Di spent time with her husband outside visiting times, which was of great benefit to the ward team, this is not something that all wards embrace openly. VS added that this feedback has been invaluable and is being addressed by the nursing team.	
e.	In response to ML, Di confirmed that the staff were aware of the difficulties their family were facing on AAU and tried their hardest to support them in what was a difficult situation as her husband was unable to be moved to a quiet room due to infection issues	

	within the bay he was being cared in. In response to JLo, Di welcomed the opportunity to be involved in the improvement work of the Trust but overall their family were given the privacy they needed and were treated with respect by the staff.	
f.	THH thanked Di for sharing her experiences with the Board and for giving her time to help improve the care that is given to patients at the end of their life.	
g.	THH presented feedback from a patient regarding the difficulties he faced during the past week in trying to speak to someone to arrange an urgent outpatient appointment. After four consecutive days and six attempts he gave up and called Charing Cross where his call was answered within two minutes. In response, KMO agreed that this situation is not acceptable. There is a significant amount of work underway and he undertook to provide an update to the next meeting and to consider if volunteers could be utilised to support the operational teams.	**KMO**
h.	In response to JLo, KMO acknowledged the low baseline the outpatient improvement work started from but he assured the Board that he is committed to delivering a significant improvement to the outpatient systems and processes.	
8.	**Trust Performance Report – January 2016**	
a.	In presenting the Performance Report, KMO drew the Board's attention to the performance dashboard. Whilst performance in January was positive, in common with many other hospitals, February has proved to be a challenge particularly in managing emergency demand. The Trust has seen a 16% increase compared to last year – this equates to 30 additional patients each day attending the A&E department.	
b.	In response to ML, LW explained that the Trust had planned for the anticipated increase in activity from the North West London reconfiguration programme and have extended the A&E department at Chelsea but as yet the plans to extend the West Middlesex department have not been finalised. The Trust is meeting with Commissioners during the coming week to discuss the way forward.	
c.	KMO highlighted the challenges in achieving the 62 day cancer standards but he will present a more detailed update in the next report.	**KMO**
d.	In response to ND, KMO explained that the performance targets are being reviewed to realign the standards that are set for both hospital sites.	
e.	ZP drew the Board's attention to the quality and safety indicators. The incidence of newly acquired grade 3 & 4 pressure ulcers has increased at both sites. Whilst some of the increase is due to improved reporting and more accurate identification of the grade of pressure ulcer, there is further work to do to improve performance.	
f.	Over the coming months, the aim will be to improve the response rate for the Friends & Family Test as well as the percentage of patients that would recommend the service.	
g.	ZP was disappointed to report that one case of MRSAb had been reported at the West	

	Middlesex site particularly as it had been over 350 days since the last reported incident. The incident has been investigated and action taken to reinforce infection prevention & control procedures.	
h.	In response to THH, RC noted that the number of deaths in A&E was higher than average during January, this was a result of a high number of out of hospital cardiac arrests. All deaths have been reviewed as part of the divisions morbidity and mortality reviews. RC reassured the Board that there were no issues of concern arising from the reviews. LW added that discussions are ongoing with Commissioners to address the end of life pathway within the community. This is a very complicated area but our joint aim is to ensure that patients can die in their place of choice.	
i.	SE presented the finance dashboard which reported a £0.97m deficit, bringing the year to date deficit to £5.6m. In month there was a favourable variance of £0.26m with a year to date favourable variance of £0.39m. The forecast year end position is £11.2m deficit, which is in line with the Trust's financial plan.	
j.	The combined cash position was £43.53m compared to the plan of £37.05m. This was mainly due to the re-phasing of capital projects into the final quarter of the financial year. The forecast cash position is £27.8m due to transaction adjustments including funding and loans for capital expenditure.	
k.	The Board agreed with THH that the Trust should only post financial plans that can be delivered but acknowledged that the Cost Improvement Programme (CIP) for 2016/17 will be challenging. LW added that the Trust Sustainability & Transformation investment plan is conditional on meeting agreed quarter-by-quarter financial trajectories and other performance related conditions and therefore it is essential that all staff are engaged to support delivery of the CIP.	
l.	In response to ML, JJ explained that Lord Carters review of NHS efficiency indicated that the Trust is in the top 5 efficient organisations in the country but there is also a £30m opportunity to further improve efficiency. There are a range of efficiency measures the Trust uses such as theatre utilisation and outpatient throughput and whilst there are areas of really good practice such as the HIV service, there is certainly further work to do across the board.	
m.	In response to a question raised by LS via the Chairman, PH explained that all manager who are non-compliant with the appraisal target have been asked to provide their improvement plan by the end of March.	
n.	In response to a further question raised by LS via the Chairman, PH confirmed that the agency cap for nursing has been set at 8% for 2016/17.	
o.	The Board noted the report.	
9.	**Safeguarding Children Annual Declaration**	
a.	VS presented the annual declaration which is a CQC & Monitor requirement in order to	

	confirm the Trust is satisfied that appropriate safeguarding arrangements for children are in place.	
b.	EH expressed her concern that the Board is being asked to sign off a statement when the Trust is not achieving its mandatory training targets for safeguarding children training. VS added that the plan is that the Trust will be compliant by the end of March 2016. EH therefore suggested a comment is included within the declaration to provide assurance to that effect. VS undertook to ensure that full compliance is reported to the Board in May.	**VS**
c.	The Board noted that both the C&W and the Board of West Middlesex had both received a safeguarding children report within the last year but it was agreed that for the coming year the report and the annual declaration are presented together to the Board.	**VS**
10.	**Questions from members of the public**	
a.	In response to Nick Walker, VS undertook to ensure that the outpatient Friends & Family Test (FFT) data is included in future Integrated Performance Reports. All the clinical divisions undertake regular analysis of the FFT feedback and review this in conjunction with complaints and PALS feedback. Both positive and negative feedback is then developed into action plans which are owned by the department/ward and if appropriate shared across the organisation.	
b.	In response to Nick Walker, ZP was aware of the recent government report on the effects of pollution on health and the Trust is fully supportive of its aims. The Trust will work through the Health & Well Being Boards on local initiatives.	
c.	In response to Governor Kush Kanodia, THH explained that there are a number of opportunities for the public and patients to engage with the Board and that the debate at public Board meetings is open and affords an opportunity for the public to ask questions. However, it has to be remembered that the board meetings are held in public and the business agenda has to take precedence. There are a range of other opportunities for engagement including the Council of Governors meetings which provides an important platform to debate issues with members of the Board. Going forward the Trust will also be exploring new and innovative ways of patient engagement, such as social media and a programme of interactive events.	
d.	In response to Andy Vale, KMO explained that the Trust is in the process of implementing a new software package, 'Think Vitals' which will automatically alert the nursing team when patients routine observations are due.	
e.	In response to Governor Wendy Micklewright, THH thanked her for her valid comment that 1 in 4 members of the public do not have access to the internet and therefore this will need to be borne in mind when planning engagement with the public.	
f.	In response to Governor Wendy Micklewright, ZP confirmed that the Trust is committed to reducing the amount of money its spends of drugs and that one of its major efficiency schemes aims to save £500k. She is confident that this can be delivered without any impact on the quality of care.	

11. a.	**Board Meeting Evaluation & Planning for Next Board Meeting** The Board noted the forward plan and due to time constraints undertook to evaluate the meeting as part of the meeting held in private.	
12. a.	**Any other business** None.	

The meeting closed at 16.10 hours

Trust Board (meeting held in public) – 3rd March 2016
Action Log

Minute number	Agreed Action	Current Status	Lead
4.d	Add a post investment review of the Hammersmith Sexual Health clinic to the FIC forward plan.	This in on the forward plan for 29 September FIC.	**KMO**
4.i	Add an item on developing the organisational culture onto the next Board Development agenda.	Complete.	**TL**
4.j	Report back to the next board a summary of the pressure ulcer 'deep dive' report from the Quality Committee.	This is scheduled for the 27 May Quality Committee agenda and will be presented at the 7 July Board.	**EM/EH**
5.d	Update the Board on progress on the charity discussions with CW+.	A verbal update will be provided as part of the Chairman's report.	**THH**
7.g	Provide an update on the outpatient improvement work programme to the next meeting taking into consideration if volunteers could be utilised to support the operational teams.	Update provided as part of the performance report.	**KMO**
8.c	Present a detailed report on the 62 day cancer standards to the next board meeting.	This is included as an appendix to the Integrated Performance Report.	**KMO**
9.b	Provide assurance that the Trust would be 100% compliant with children's level 1 safeguarding by end April.	Verbal update at meeting.	**PH**
9.c	Ensure the annual safeguarding children report and annual declaration are presented at the same time to the Board in 2016/17.	The annual safeguarding children report and safeguarding children annual declaration to go on March 2017 Board forward plan.	**TL**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 May 2016

PUBLIC

AGENDA ITEM NO.	6/May/16
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chief Executive's Report
May 2016

1.0 STRATEGIC DEVELOPMENTS

1.1 Sustainability & Transformation Plans (STPs)

The NWL health community submitted its STP baseline to NHS England on 15 April. CWFT is represented (through the Chief Executive) on the newly established Strategic Planning Group, which takes overarching responsibility for governance and decision making. The underpinning vision of the STP is population based. Its ambition is that that the Health and Social Care system(s) will work effectively with other sectors (including education, housing employment, leisure and planning) to ensure the conditions are created that support people maintain independence and lead full lives. This includes providing services that:

- **co-ordinate around individuals**, targeted to their specific needs;
- **improve outcomes**, reducing premature mortality and reducing morbidity;
- **improve the experience of care and contact with the system**, with the right services available in the right place at the right time;
- **maximise independence** by providing more support at home and in the community, and by empowering people to manage their own lives, health and wellbeing;
- **through proactive and joined up case management**, avoid unnecessary admissions to hospitals and care homes, and more widely enable people rapidly to regain their independence after a crisis.

The next steps are to develop more detailed strategies to address the challenges within each population included within NWL boundaries and which meet the financial challenge facing the area.

1.2 Shaping a Healthier Future (SaHF)

The Trust has been supporting the requirements of NWL CCG's SaHF Programme Team as they continue to develop a sector wide Implementation Business Case to take through the NHS England, DH and Treasury process. This has required us to update our Long Term Financial Model (LTFM) and Estate Planning assumptions against the latest NWL CCG planning assumptions. These headline assumptions were brought to the Board in April and the next milestone is to receive an updated Outline Business Case in June.

The Trust's most recent analysis was discussed at the Finance & Investment Committee (FIC). The Trust has escalated this analysis to NWL CCG leadership. We have restated our support for the ambitions and objectives of the SaHF programme but are seeking further dialogue on the key planning assumptions.

1.3 Sector-wide Developments

In response to a challenge made at the April 2016 Board Quality Committee meeting, the Executive Team have been considering how best to ensure that the Trust is on the 'front foot' in responding to sector-wide national developments and an internal framework is being developed to this end.

To this paper, I have attached the latest circular from NHS providers which summarises some of these key developments.

2.0 PERFORMANCE

2.1 Operational Performance

The A&E waiting time target for March was not achieved on either site. The primary cause of failure to meet the required standard was the continuation of the pressure from demand impacting both sites. Increased demand has been seen across the country and despite non-achievement, C&W remains the best performing Trust in London.

The RTT incomplete target was not achieved for the overall Trust in March. The backlog had been forecast to grow in March due to the timing of Easter, but the growth was larger than anticipated due to the cumulative impact of junior doctors' Industrial Action in the month.

Validated performance for the 62 Day GP Referral Cancer standard in February was achieved at WMUH site, but missed at C&W site due to unplanned absence within the senior clinical team in Urology. Despite best efforts by the Planned Care Division, mitigation for the loss of capacity was not possible. March's unvalidated performance is forecasting achievement for the Trust with compliant performance on both sites.

Unvalidated performance for March against the 62 Day Screening Cancer standard was not compliant as a result of patients referred late in their pathway by Imperial Healthcare's Breast Screening service. Concern about the delayed referrals has been raised formally at CEO to CEO level with Imperial.

WMUH site had one further C. difficile infection in March bringing the total for the site to 10 year to date, one case over the annual target. There were no lapses in care contributing to the latest case. Learning from these cases has led to action plans to mitigate against further cases, which have been shared widely with the clinical teams. Performance on the C&W site was 7 cases for the year with no further cases in March, meaning that the Trust was one case over the annual target for the combined Trust.

The WMUH site is now reporting compliance against the access to healthcare standard for patients with Learning Disability, which now means C&W overall is compliant. The team that have worked on Trust compliance with these standards are congratulated for their hard work in improving care for patients.

Both sites have achieved all other regulatory performance indicators.

2.2 CCG Contract

The Trust remains in active discussion with commissioning colleagues with regard to the main acute contract for 2016/17. Whilst there remains an 'affordability gap' between commissioner and provider, the dialogue appears to be constructive and we aim to meet the Monitor regulatory timeline of 13 May 2016.

A further update will be provided to the Board in June.

2.3 Perfect Day

We held our first 'Perfect Day' on 19 April across both hospitals, with senior managers taking a shift on the wards and in departments and clinics as porters, receptionists, healthcare assistants and other roles. Feedback from those who took part has been really positive, as it was an opportunity to get back to the floor and gain an insight into ideas from the front line around innovation, improvement and efficiency. It meant patients were cared for by our own staff, rather than agency staff and means we have saved a significant amount on agency costs.

We plan to continue holding more Perfect Days over the coming months, with the next planned for 24th May.

3.0 PEOPLE

3.1 Industrial action

There have been two further periods of industrial action since my last report:

- 6 - 8 April 2016

Emergency care only between 8am on Wednesday 6 April and 8am on Friday 8 April (48 hours)

- 26 - 28 April 2016
  Emergency care only between 8am on Tuesday 26 April and 8am on Thursday 28 April (48 hours)

I continue to be impressed by the way in which staff at all levels within the organisation have worked hard to mitigate the possibility of any additional clinical risks arising during these difficult periods and I am confident that the Trust managed to maintain the quality of its services throughout the recent strikes.

It is also important to note that those taking action on both sites adopted a calm and good natured approach in raising their concerns.

Further industrial action remains a possibility and the nursing, medical and operational teams continue to work together to develop robust plans to ensure that we provide safe emergency care for each proposed period of industrial action.

3.2 Verney House Moves

Our leases at Verney House come to an end on Wednesday 25 May and all staff will be relocated into existing Trust space, with moves taking place on Friday 13 May and Friday 20 May. There will be some minimal accommodation changes within both hospital sites to accommodate these moves. Thanks to affected staff for bearing with us during this process.

3.3 Kathryn Mangold

I am delighted to advise that Kathryn Mangold, our Nursing Lead for Learning Disabilities has won a national award (from NHS employers) for 'Leader of the Year'. This is a fantastic achievement and a testament to Kathryn's commitment to patients which she demonstrates on a daily basis.

As above, the Trust is now fully compliant with regard to best practice in the area of Learning Disabilities due to the excellent work which Kathryn has led on.

4.0 PATIENT EXPERIENCE

4.1 Patient Feedback

At our Public Board meetings, we continue to hear the stories of patients who have recent experience of our services where the emphasis is on learning lessons for overall service improvement.

In the meantime, on a monthly basis, I continue to receive extremely positive feedback from patients directly and I have provided two examples of recent correspondence below:

"I am writing to commend you on the fantastic service I received from the Blood Test Centre at your Hospital. (I first) phoned and spoke with X, explaining that I had some anxiety with regard to providing blood samples. X was very considerate on the phone and promised that she would look after me.

I (then) came to the Hospital and immediately felt very relaxed upon meeting X. I was seen to immediately, without delay. (The staff) were extremely reassuring, helpful, incredibly kind and very professional"

"My first impression of your Hospital was the wide smile I received from the receptionist...it made a huge difference to my state of mind…

I was dealt with promptly and efficiently. The doctors were obviously concerned about my condition and I felt like I was being taken seriously…

I remained in the unit for 4 days and was looked after by a majority of kind and caring nurses- some indeed were exceptional..

In conclusion, I have nothing but praise for the treatment that I received at your Hospital, whether it was delivered by doctors, nurses or catering assistants. They were all kind and caring. It can't be easy running an NHS Hospital in 2016 but from my experience you provided a superb service"

5.0 COMMUNICATIONS AND ENGAGEMENT

5.1 Internal

Over the past month, my executive colleagues and I have communicated and engaged with staff on key Trust issues in the following ways:

- Departmental meetings
- Team briefings at Chelsea and Westminster Hospital, West Middlesex University Hospital and Harbour Yard
- Informal walkarounds at Trust sites

We have implemented a new approach to the Team Briefing sessions in order to have a greater focus on strategic and clinical engagement by the way of team presentations. The May briefings are taking place this week, led by the Deputy Chief Executive. We have seen an increase in the numbers and scope of attendees and staff feedback has been positive, with particular regard to the engaging nature of the format and the team presentations themselves.

5.2 External

Over the past several weeks, together with executive colleagues I have met with many external stakeholders including:

- CLCH
- Richmond CCG
- Hounslow Health and Wellbeing Board
- Hammersmith and Fulham CCG
- Imperial College Healthcare NHS Foundation Trust Exec to Exec
- ICHP
- Kingston Hospital NHS Foundation Trust Exec to Exec
- North West London
- Mayoral Dinner with Ambassador of Denmark
- Monitor
- Parliamentary Choral evening
- West London Mental Health Trust

We also participated in several partnership meetings including:

- Tri-borough board on urgent care in North West London
- Tri-partite London region meeting for NHS Chief Executives and Chief Financial Officers
- North West London Provider Board

Lesley Watts
Chief Executive Officer
May 2016

2016 LOCAL ELECTION AND EU REFERENDUM
PURDAH CONSIDERATIONS FOR NHS PROVIDERS

This briefing sets out considerations for NHS foundation trusts and trusts in the periods of time - known as 'purdah' - leading up to the 2016 English local government elections and the referendum on the UK's membership of the European Union (EU). Local government elections will only take place in certain areas of the country; details of local authorities holding elections this year can be accessed here.

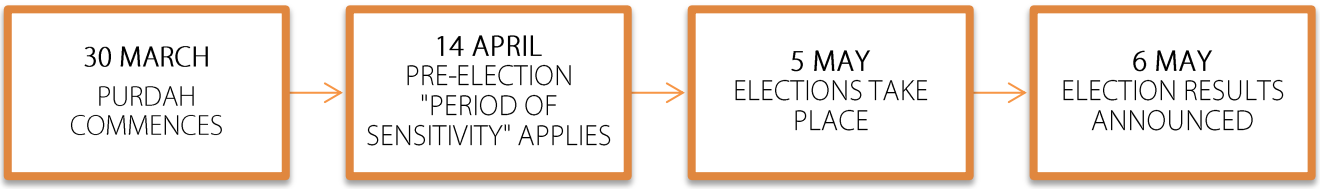
The briefing highlights the practical implications around provider activities and communication during the two periods of purdah; a detailed breakdown is provided in section 6 of this document. It also covers the requirements on central and local government, the civil service and arms length bodies during purdah to maintain political impartiality in carrying out public duties and ensure that public resources are not used for the purposes of political parties or campaign groups.

Full guidance on purdah in the lead up to the EU referendum has not yet been published; we will update this briefing in line with it when this becomes available in the coming weeks. Should you have questions around specific communications or activities which your organisation is planning, please do not hesitate to get in touch with NHS Providers via amy.mcgregor@nhsproviders.org.

1) LOCAL ELECTION AND EU REFERENDUM TIMETABLES

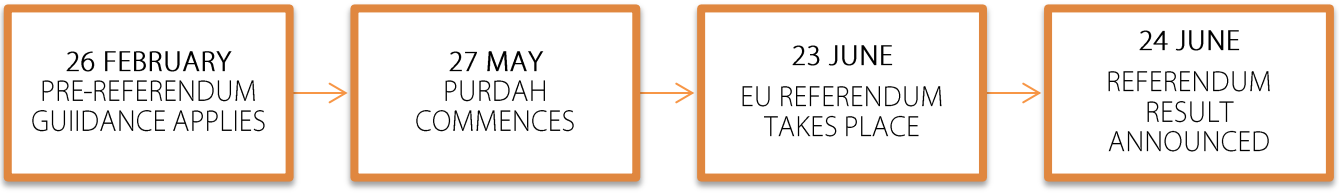
The timetables associated with the English local government elections and EU referendum are set out below. All technical terms referenced are explained in the body of this briefing.

Local government elections



NB: Elections in the devolved nations (Scotland, Wales and Northern Ireland) and mayoral elections in England will also take place on 6 May 2016.

EU referendum



2) WHAT IS PURDAH?

The term "purdah" is used across central and local governments to describe the period of time immediately before elections or referendums when specific restrictions on the activity of civil servants and local government officials, where appropriate, are in place. The term pre-election or pre-referendum period is also used synonymously with purdah. Purdah prevents announcements from and activities by public bodies which could influence or be seen to influence the election.

Contact: Amy McGregor, senior public affairs officer, amy.mcgregor@nhsproviders.org

3) WHEN DOES PURDAH COMMENCE?

For 2016 local government elections in England, purdah commences upon the local publication of the notice of election; this must take place by **30 March 2016** at the latest.
For the EU referendum, purdah commences on **27 May 2016**, although rules applying to in the lead up to the purdah period are already in place; further details are provided in section 5 of this briefing.

4) RULES AND REGULATIONS DURING LOCAL GOVERNMENT ELECTION PURDAH

The behaviour of central government, elected officials, civil servants and arms length bodies during purdah is governed by the:

- Local Government Act 1986[1]
- 2011 Code Recommended Practice on Local Authority Publicity[2]
- Cabinet Office guidance on conduct for the May 2016 elections for civil servants[3]

Details of how these are applied are set out below.

Local authorities

Although the ordinary functions of councils should continue during purdah, some restrictions do apply, by law, to all councillors and officers. The restrictions on local government during purdah are governed by Section 2 of the Local Government Act 1986.[1] Under these restrictions, councils should "not publish any material which, in whole or in part, appears to be designed to affect public support for a political party."

The 2011 Code of Recommended Practice on Local Authority Publicity[2] provides guidance for local government on communications during purdah. It recommends that all communication is: lawful; cost effective; objective; even-handed, appropriate; has regard to equality and diversity; and, issued with care during periods of heightened sensitivity.

Central government, civil servants and arm's length bodies

As the UK government will remain in office following the 2016 local elections, government ministers will continue to carry out their functions as usual during the first fortnight of purdah and civil servants will continue to support ministers in their work.

However, a "period of sensitivity" applies from three weeks prior to the local government elections; this will commence on 14 April 2016. To support civil servants in UK government departments and the staff and members of non-departmental public bodies and arm's length bodies during purdah and the period of sensitivity in particular, the Cabinet Office has issued specific guidance[3]. This sets out the principles of maintaining the political impartiality of the civil service and ensuring that public resources are not used for party political purposes.

How does the NHS fit in to local government elections?

Whilst discussion of the NHS is rarely central to local government election campaigns, the delivery of public services, of which social care is a key tenet, is at the heart local government elections. As such, it is important that NHS providers follow the custom and practice of purdah to adopt to avoid any impression of influencing the election or its outcomes.

Practical considerations for NHS trusts and foundation trusts in respect of purdah ahead of local government elections are provided in section 6 of this briefing.

5) RULES AND REGULATIONS COVERING PURDAH AHEAD OF THE EU REFERENDUM

The behaviour of central government, civil servants and arms length bodies in the period before purdah commences for the EU referendum is governed by:

- EU Referendum – Guidance for the Civil Service and Special Advisers[4]

Central government, civil servants and arm's length bodies

In February 2016 the Cabinet Secretary, Sir Jeremy Heywood, issued guidance[4] to apply up until statutory period of purdah ahead of the EU referendum commences on 27 May 2016[5].

The Cabinet Secretary's current guidance sets out that Government Departments should continue to support ministers in the normal manner "in supporting the Government's position on the EU". Heywood has clarified this further:

> *"The spirit is clear: all normal Government business, including EU business, continues, except in relation to the in-out question, on which we don't provide briefing material or speech material for Ministers to attack the Government position."*[6]

Official purdah guidance for government departments and all staff within non-department public bodies and arm's length bodies is yet to be published. **This guidance is expected in the coming weeks and we will issue an updated version of this briefing thereafter.**

How does the NHS fit in to the EU referendum?

The NHS has not been a core element within the early stages of the national referendum debate. Focus on the NHS may increase given that the "Leave" campaign argues that public services are being put under pressures due to immigration while health secretary Jeremy Hunt has voiced his opinion that a vote to leave the EU would lead to a loss of investment, "inevitably mean less money" for the NHS and may lead to some foreign EU citizens within the NHS workforce leaving the country.[7]

Practical considerations for NHS trusts and foundation trusts in respect of purdah ahead of the EU referendum is provided in section 6, below.

6) PRACTICAL CONSIDERATIONS FOR NHS FOUNDATION TRUSTS AND TRUSTS DURING PERIODS OF PURDAH AHEAD OF LOCAL GOVERNMENT ELECTIONS AND THE EU REFERENDUM

a) Key principles

- **No activity should be undertaken which could be considered politically controversial or influential**, which could compete for public attention or which could be identified with a party / candidate/ designated campaign group.
- **Would you do the same for everyone?** NHS providers have discretion in their approach, but must be able to demonstrate the same approach for every political party, official candidate and designated campaign groups in order to:
    - avoid allegations of bias or pre-judging the electorate
    - ensure you will be able to form a constructive relationship with whoever wins the seat
- **The NHS may be under the media spotlight, locally and nationally.** It is advisable to have a plan in place for:
    - how the organisation will manage the purdah periods (with both its risks and its opportunities)
    - the potential for the organisation or its partners to be singled out in the media

b) Board meetings and normal regulation

Normal business and regulation needs to continue during the purdah period. NHS Improvement, for example, is not expected to alter the dates on which it expects information from foundation trusts. Where a board discussion or sign off is required, there is no problem with holding a board meeting.

Where board meetings need to take place, the agenda should be confined to those matters that need a board decision or require board oversight. Matters of future strategy or the future deployment of resources may be construed as favouring one party over another and should be avoided.

Use of the confidential part or part 2 of the agenda to discuss matters that may be politically controversial is not recommended. Such matters should be deferred until after the purdah periods.

c) Publishing information and making announcements

Care should be taken not to comment on the policies of political parties or campaign groups and websites should not be updated with any information that may be considered political. The rule of thumb should be that communications activities necessary for patient safety, quality and operational delivery purposes should continue as normal, but any other activity beyond that and not required in the pre-election period should wait until after the election.

Wherever possible, information to be published about the organisation should be factual and released in advance of purdah commencing. After purdah begins, requests for new information are best handled by applying FOI rules.

Organisations should not start long-term initiatives or undertake major publicity campaigns unless time critical (such as a public health emergency), and should instead wait until after the election. Unless strictly necessary, high-level public sector appointments should not be made.

Public consultations should not be launched during purdah. Those already in progress should continue, but it is advisable to extend the period to take account of purdah and avoid public meetings and publicity. Responses received should not be commented on and no announcements should be made until after local government elections.

We would only expect civil servants to release data (such as the regulator publishing trusts' financial returns) when a precise publication date has been pre-announced.

d) Political visits and engagement

The Cabinet Office guidance on purdah during local government elections offers specific advice relevant to NHS trusts and foundation trusts in respect of visits:

"Particular care" should be taken with respect to proposed visits to areas holding elections. Official support must not be given to visits and events with a party political or campaigning purpose.

Use of NHS Property for *"electioneering purposes"* is a decision for the relevant NHS body to make, *"but should visits be permitted to, for example, hospitals, it should be on the basis that there is no disruption to services and that the same facilities are available to all candidates. Care should also be taken to avoid any intrusion into the lives of individuals using the services."*[3]

Current Cabinet Office guidance on the EU referendum does not make explicit reference to the NHS however the Cabinet Secretary has stated[6] that it follows the precedent set by the Scottish referendum guidance which outlines:

"In the case of NHS property, decisions are for the relevant NHS Board. If hospital visits are permitted, they should not disrupt services and the same facilities should be offered to all campaigns. Campaign meetings must not be permitted on NHS premises."[8]

As such, an NHS provider has the discretion to decide whether or not to allow visits by politicians during a local election campaign or representatives from campaign groups during the referendum campaign. When considering whether to host a visit, safety and operational considerations must come first and guidance states that campaign visits should not disrupt services or care[3].

In addition, the same approach must be applied to all requests from all official candidates and political parties, irrespective of their size. All requests from candidates to visit may be declined, but if they are allowed, then all requests should be accepted. If you do not plan to permit any campaign visits, it is worth considering formally advising all candidates and campaign groups in advance at the same time to ensure clear and consistent understanding.

Organisations may wish to engage with the prospective councillors in relevant wards whilst care should be taken to ensure that current councillors are not treated any differently. Again, we would recommend that all candidates and campaign groups are treated in the same way and any invitations or opportunities for engagement are extended to all parties. For example, if one party or campaign group makes an announcement on site, it would be advisable to ensure that all parties do so.

e) Foundation trust governor elections

In law, there is nothing to prevent foundation trust governor elections from taking place during the purdah period, although some trusts may have previously chosen not to do so as a precautionary measure. Given the consecutive periods of purdah ahead of this year's local government elections and the EU referendum, however, delaying elections during the three months over which the two periods of purdah run could prove impractical. We would advise that, where necessary, governor elections should proceed but with particular caution exercised, as set out below.

Foundation trusts have no control over what governors may say in their election statements, at hustings or elsewhere they cannot guarantee a politically neutral outcome. While governor elections have for the most part not been party political events, there is nothing in law to prevent them from becoming so. Governor candidates should be clearly advised to not to include or express anything within their personal election statements or during hustings which could be deemed as party political or in support of a particular referendum campaign group. What might be deemed to be party political or in support of a referendum campaign group can be quite broad.

For further information relating to governor elections please contact John Coutts, governance advisor: john.coutts@nhsproviders.org, 0207 304 6875.

f) Activism onsite or by individual staff

NHS employees are free to undertake political activism and public debate in a personal capacity. They should, however, avoid involving their organisation or creating any impression of their organisation's involvement. They are not permitted to use any official premises, equipment (including uniforms) or information they would only have access to through their work and which is not publically available. Naturally, patient confidentiality must be preserved at all times and normal professional conduct and contractual rules apply as usual in this respect.

Especially given the prevalence of social media and the balancing act people perform in presenting their personal and professional lives and views, it becomes easier to blur or mistake the capacity within which individuals are contributing online. At all times every effort should be made to preserve public professional neutrality while not inhibiting personal activity.

g) Voter registration, postal votes and proxy votes

It might be helpful to advise staff on the trust's provisions for postal and proxy voting to support those – both staff, patients, service users and their families – who may not be able to go to their polling station on the day. National advice is available here: https://www.gov.uk/register-to-vote.

We would advise that NHS staff and trusts should not undertake any voter registration or proxy or postal voting activity for those in their care to avoid any possible concern being raised about inappropriate influence.

h) Trade union activities and engagement

Trade unions may be active during the election campaigning on issues concerning their members. All organisations will have existing relationships, channels and protocols for working effectively with trade unions and these should be used as normal. Nevertheless, given the importance of NHS organisations preserving their neutrality, it is worth considering itemising the local elections and referendum for discussion at an imminent meeting.

7) SHARING THIS BRIEFING WITHIN YOUR ORGANISATION

We suggest NHS providers share this briefing and/or its specific pre-election planning with all staff and stakeholders who may find it useful to be aware of the steps you are taking.

References

[1] *Local Government Act 1986.* Available at: http://www.legislation.gov.uk/ukpga/1986/10/section/2
[2] *Recommended code of practice for local authority publicity* (2011). Available at: https://www.gov.uk/government/publications/recommended-code-of-practice-for-local-authority-publicity
[3] *Cabinet Office: Election guidance for civil servants* (2016). Available at: https://www.gov.uk/government/publications/election-guidance-for-civil-servants
[4] *Cabinet Office: EU Referendum - Guidance for the Civil Service and Special Advisers* (2016). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/502580/Jeremy_Heywood_to_Permanent_Secretaries_-_EU_Referendum_Guidance.pdf
[5] As regulated by section 125 of the Political Parties, Elections and Referendums Act 2000. Available at: http://www.legislation.gov.uk/ukpga/2000/41/section/125
[6] Evidence given by Sir Jeremy Heywood KCB, Cabinet Secretary and Head of the Civil Service to the Public Administration and Constitutional Affairs Committee (March 2016). Available at: http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/public-administration-and-constitutional-affairs-committee/eu-referendum/oral/29911.html
[7] *The Guardian: A strong NHS needs a strong economy – we should not put that at risk with Brexit – Jeremy Hunt,* (March 2016). Available at: http://www.theguardian.com/commentisfree/2016/mar/26/jeremy-hunt-brexit-nhs
[8] *Scottish Government: restrictions on government activity in the 28 days before the independence referendum* (2014). Available at: http://www.gov.scot/Resource/0045/00457748.pdf

Board of Directors Meeting, 5 May 2016

PUBLIC

AGENDA ITEM NO.	8/May/16
REPORT NAME	Serious Incident Report
AUTHOR	Shân Jones – Director Quality Improvement
LEAD	Ms Elizabeth McManus – Chief Nurse
PURPOSE	The purpose of this report is to provide the Trust Board with assurance that serious incidents are being reported and investigated in a timely manner and that lessons learned are shared.
SUMMARY OF REPORT	Please see enclosed report.
KEY RISKS ASSOCIATED	N/A
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	N/A
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	The provision of high quality care
DECISION/ ACTION	The Trust Board is asked to note and discuss the content of the report.

SERIOUS INCIDENTS REPORT
Quality Committee – April 29th 2016

1.0 Introduction

This report provides the organisation with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1st April 2015. For ease of reference, and because the information relates to the 2 standalone Trusts pre September 1st, the graphs have been split to be site specific. Reporting of serious incidents follows the guidance provided by the framework for SI and Never Events reporting that came into force from April 1st 2015. All incidents are reviewed daily by the Quality and Clinical Governance Team, across both sites, to ensure possible SIs are identified, discussed, escalated and reported as required.

2.0 Never Events

Never Events are defined as '*serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers*'. The Trust (CWFT) has reported 4 'Never Events' in 2015/16 all on the C&W site. 2 wrong prosthesis, 1 in June (the incident occurred in March 2015) and 1 in August (the incident occurred in July 2015), 2 retained swabs following vaginal delivery 1 in September and 1 in March 2016. The action plans for the Never Events reported in June and August are complete apart from an action relating to 'National Safety Standards for Invasive Procedures' where the nationally stipulated deadline is September 2016. The action plan for the retained swab following vaginal delivery reported in September 2015, has 1 action outstanding due for completion by the end of March and end of April. This action plan is being reviewed as part of the current investigation.

West Middlesex University Hospital NHS TRUST reported 1 'Never Event' in 2014/15 (1 retained tampon post vaginal delivery). CWFT reported no 'Never Events' in 2014/15.

3.0 SIs submitted to CWHHE and reported on STEIS

Table 1 outlines the SI reports that have been investigated and submitted to the CWHHE Collaborative (Commissioners) in March 2016. There were 8 reports submitted across the 2 sites.

Table 1

STEIS No.	Date reported on	Date of incident	Incident Type (STEIS Category)	External Deadline	Date SI report	Hospital Site
2015/37486	04/12/2015	13/11/2015	Pressure Ulcer Grade 4	02/03/2016	04/03/2016	WM
2015/37582	07/12/2015	30/11/2015	Medication incident	03/03/2016	04/03/2016	WM
2015/37920	09/12/2015	08/12/2015	Pressure Ulcer Grade 3	07/03/2016	02/03/2016	WM
2015/39800	31/12/2015	29/12/2015	Maternity/Obstetric incident: baby only	29/03/2016	29/03/2016	WM
2015/38157	11/12/2015	10/12/2015	VTE meeting SI criteria	09/03/2016	09/03/2016	WM
2016/124	04/01/2016	31/12/2015	Patient slip/trip/fall meeting SI criteria	30/03/2016	30/03/2016	WM
2015/38648	16/12/2015	15/12/2015	Pressure Ulcer Grade 3	14/03/2016	14/03/2016	C&W
2015/39292	23/12/2015	15/12/2015	Pressure Ulcer Grade 3	21/03/2016	14/03/2016	C&W

Table 2 shows the number of incidents reported on StEIS (Strategic Executive Information System), on both sites, in March 2016. The Trust reported 5 SIs. Chelsea & Westminster reported 4 SIs and West Middlesex reported 1.

Table 2

Details of incidents reported	WM	C&W	Total
Maternity/Obstetric incident meeting SI criteria: Baby only	1		1
Maternity/Obstetric incident meeting SI criteria: mother only		1	1
Pressure Ulcer - Suspected deep tissue injury		1	1
Slips/trips/falls meeting SI criteria		1	1
Treatment delay meeting SI criteria		1	1
Grand Total	**1**	**4**	**5**

From the 1st April 2015 CWFT has reported a total of **122** SIs. WM has reported 55 and C&W have reported 67. Details are outlined in Charts 1 and 2. The 'other' reported in May by WM relates to discharge summaries being returned by primary care where the patient was no longer known at the practice.

Chart 1 Incidents reported at WM YTD 2015/16

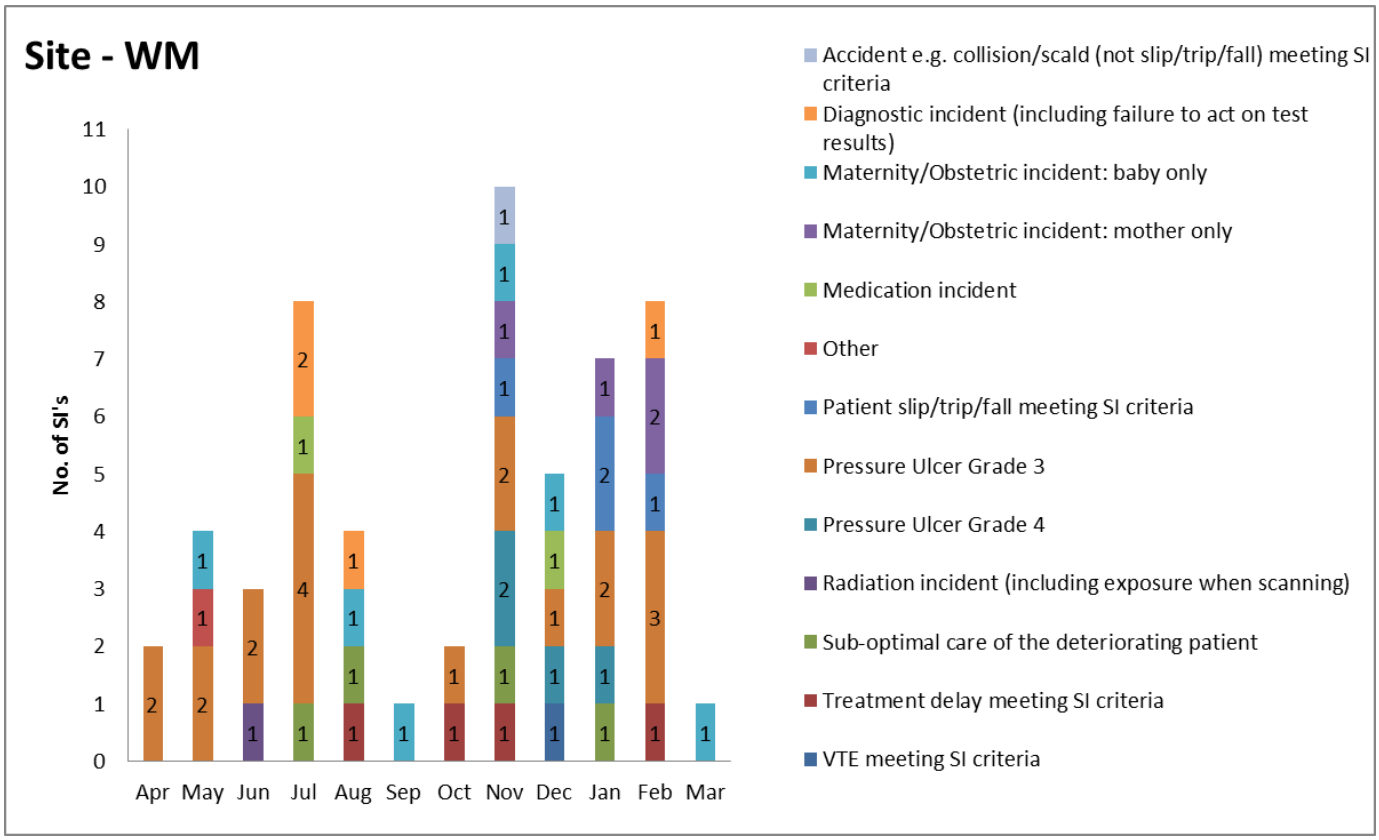
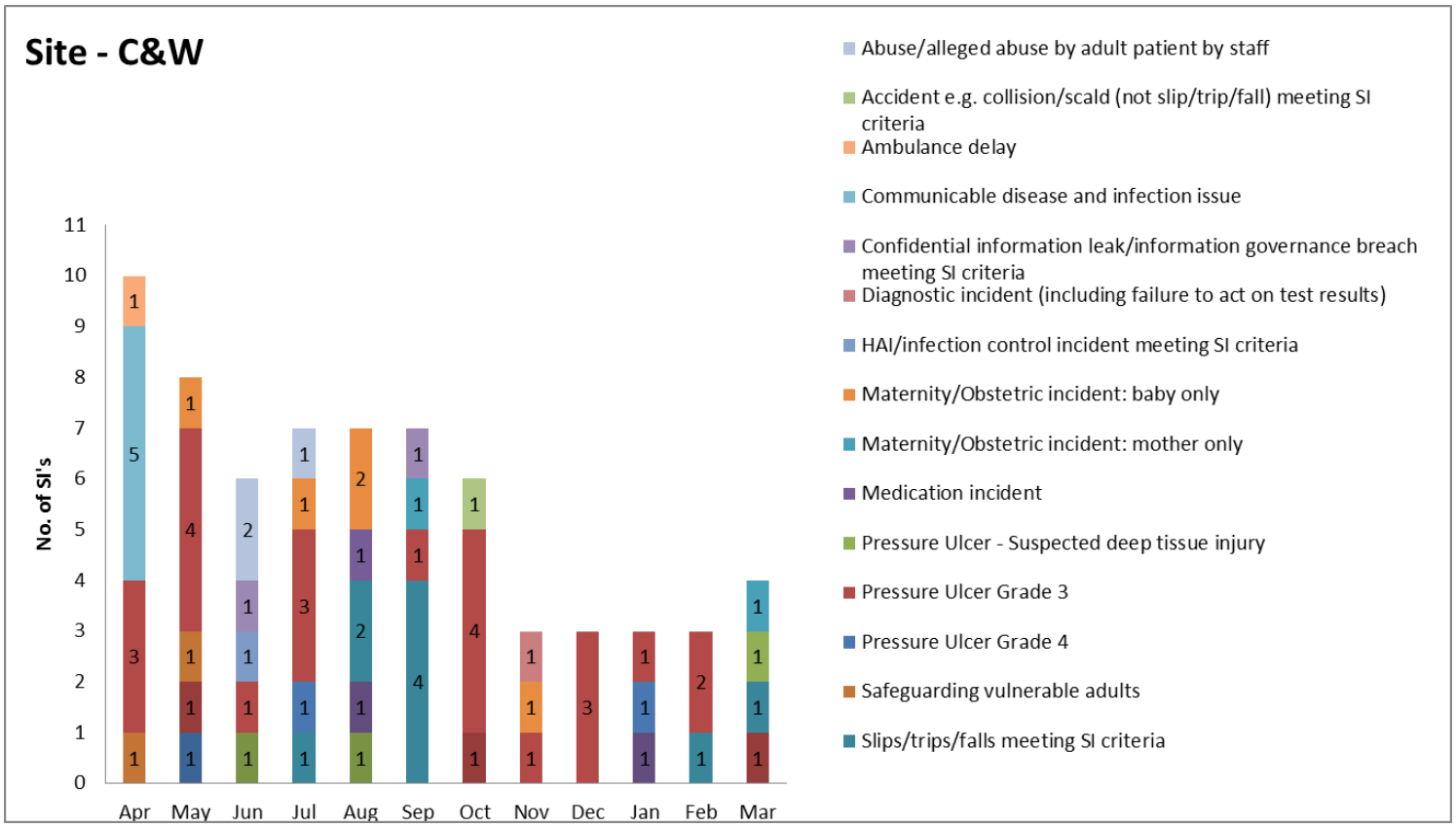


Chart 2 Incidents reported at CW YTD 2015/16



The volume of reported SIs at WM is lower than last year, Chart 3 (66 2014/15 v 55 2015/16).
Although there is fluctuation month on month, there appears to have been a significant reduction overall on the C&W site as demonstrated in Charts 4 (123 2014/15 v 67 2015/16). The assumption behind this is a change in the national reporting framework meaning less automatic reporting based on triggers e.g. LAS breaches of the 60 minutes target.

The successful implementation of DATIX web on February 8th 2016 will help ensure the right focus on reporting and learning. An increase in incident reporting in general would be expected throughout the Trust. There is a daily review of all incidents to ensure that any potential SI's are reviewed within 24 hours.

Chart 3 Incidents reported 2014/15 & 2015/16 – WM

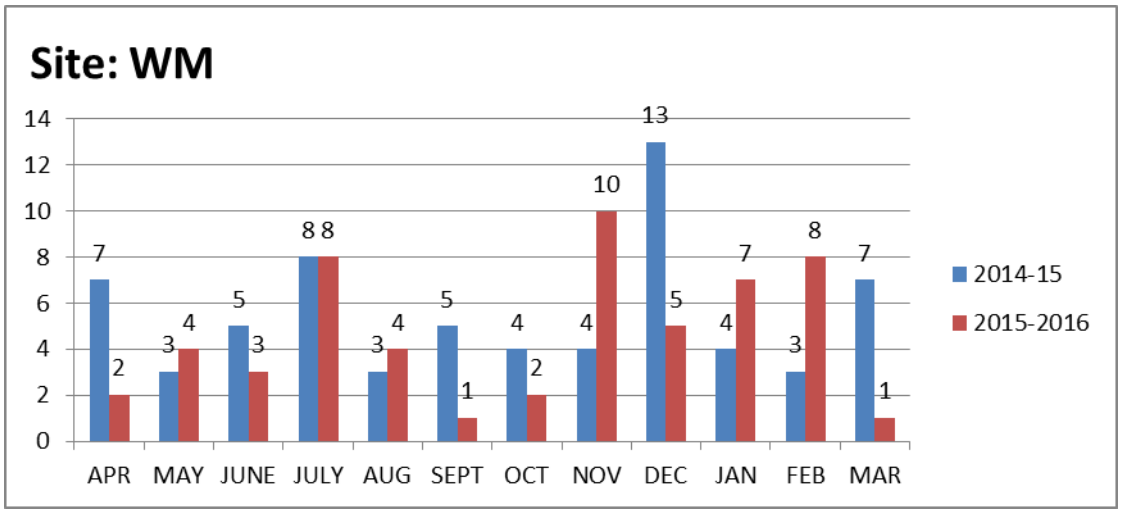
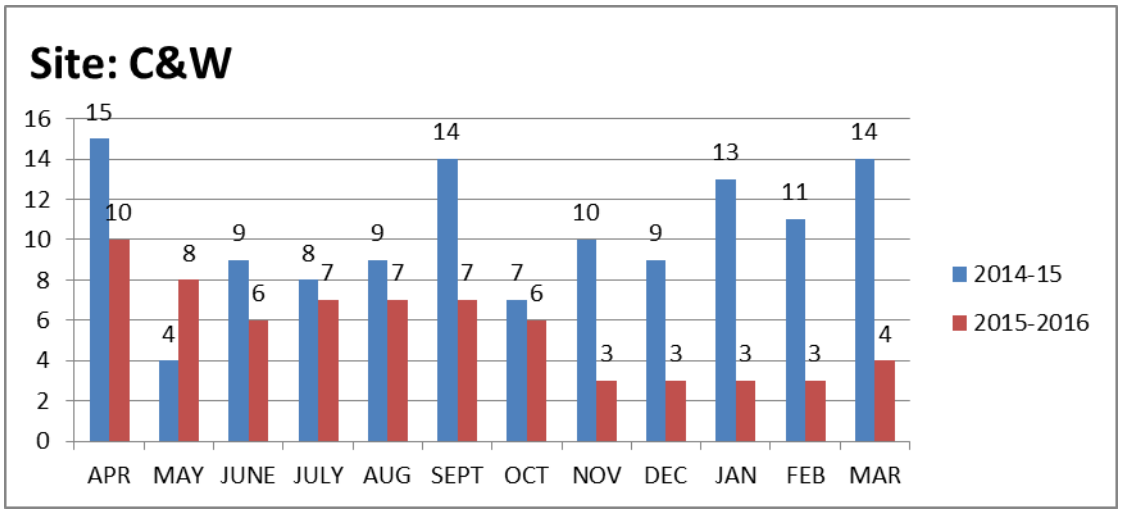


Chart 3 Incidents reported 2014/15 & 2015/16 – C&W



3.1 SIs by Clinical Division and Ward

Charts 5 & 6, display the number of SIs reported by the divisions since 1st April 2015. Further work is required to align the divisions to the new structure which will be supported by the organisational restructure and the implementation of DATIX web across the 2 sites. This will be evident in the report for 2016/17. The Emergency and Integrated Care division continues to be the largest reporter of incidents, due to the volume of hospital acquired pressure ulcers.

Chart 5

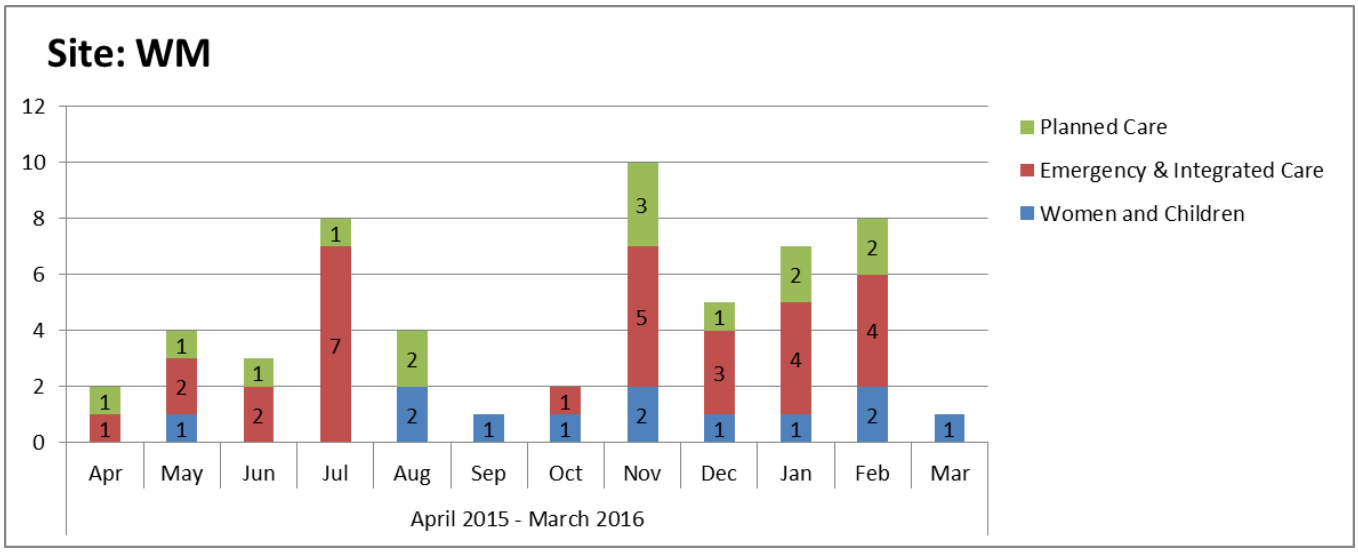
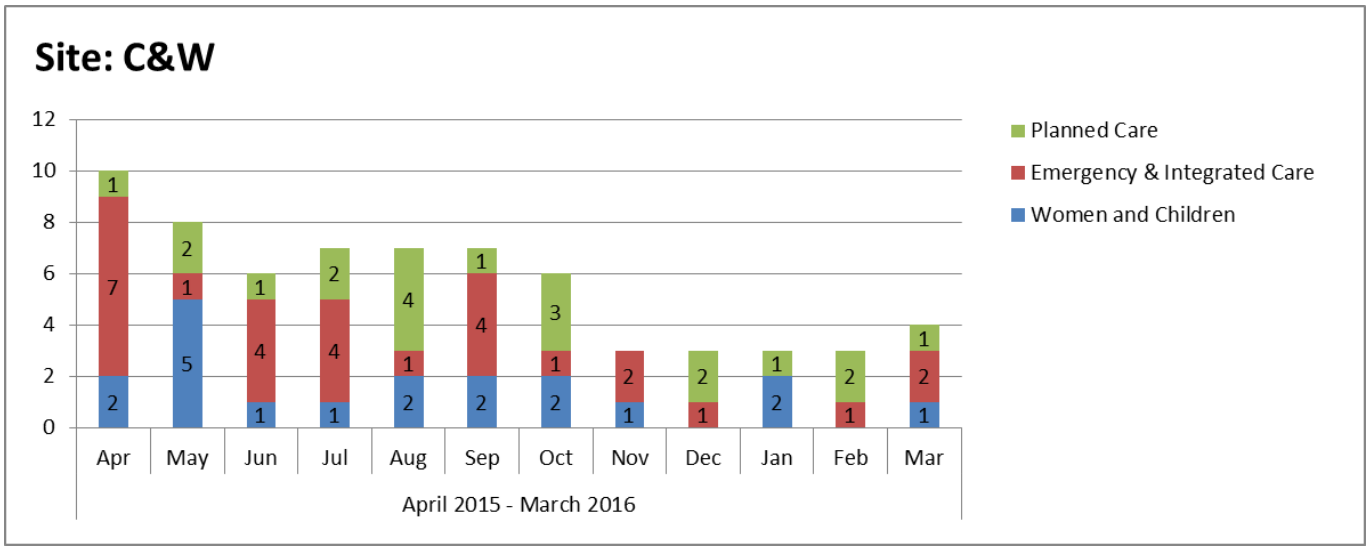


Chart 6



Charts 7 & 8 display the total number of SIs reported by each ward/department excluding maternity. For WM the figures for 2014/2015 have been included for comparison. These figures are not easily available for C&W; however comparative analysis will be available for 2016/17. All themes are reviewed at divisional governance meetings.

Chart 7

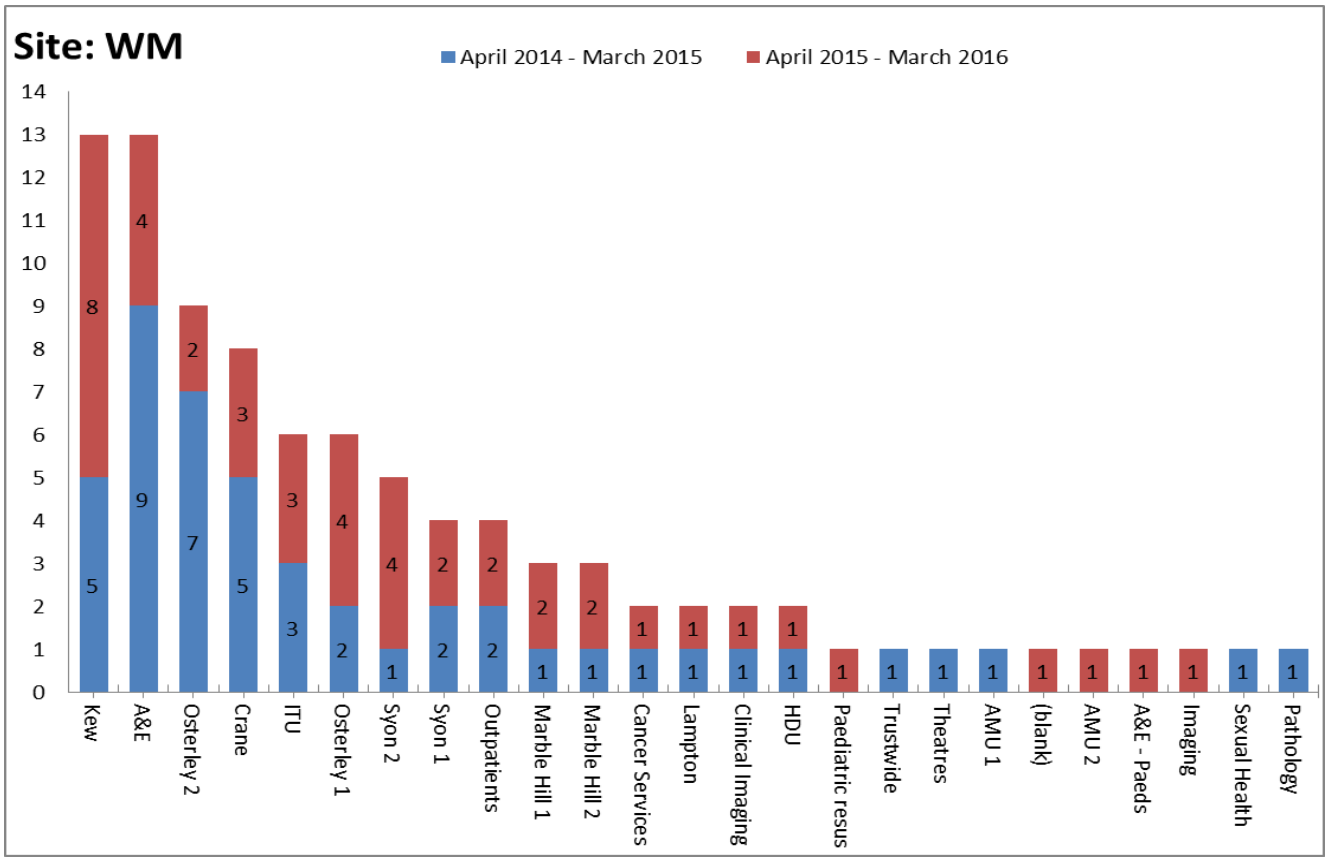
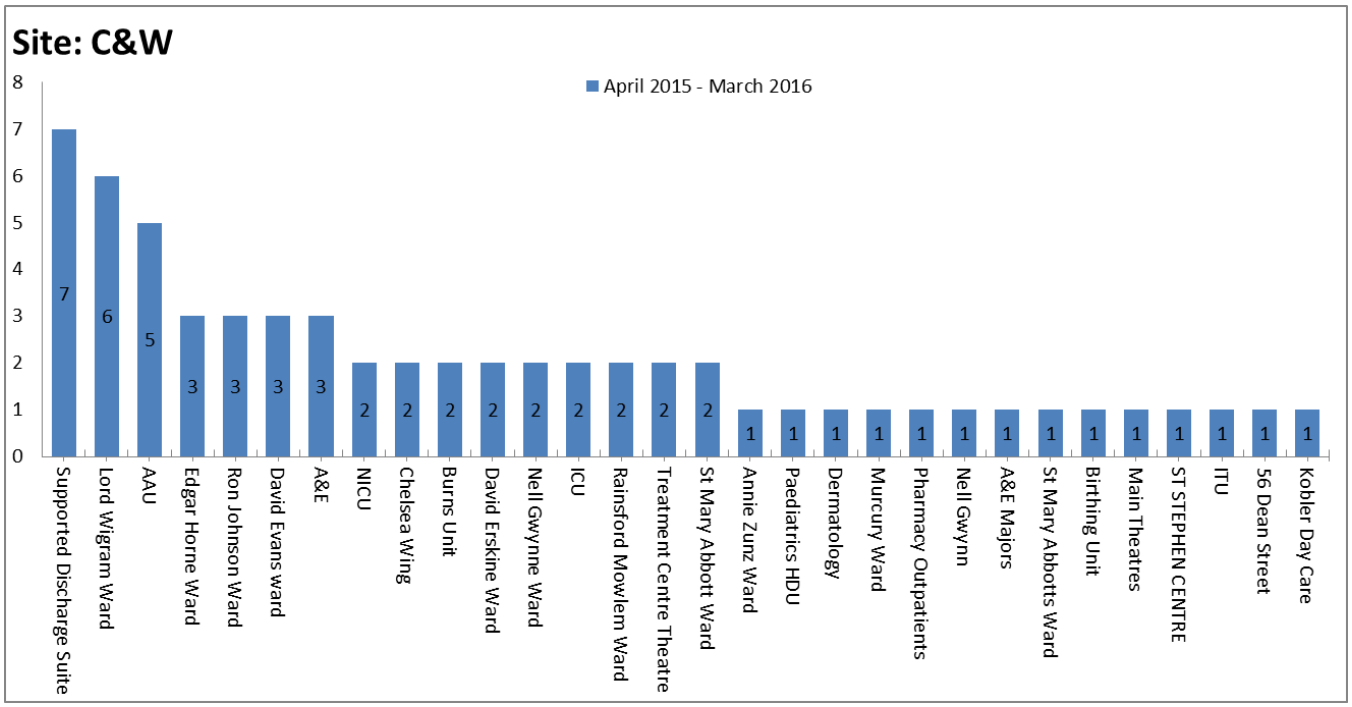


Chart 8



3.2 SI themes by Ward/Department

Charts (9-11) show the SIs, by theme, for each ward or department. For WM there is a comparison from 2014/15 to 2015/16. This data is not easily available for CW

Chart 9- SI Theme 2014/2015 WM (Excludes maternity)

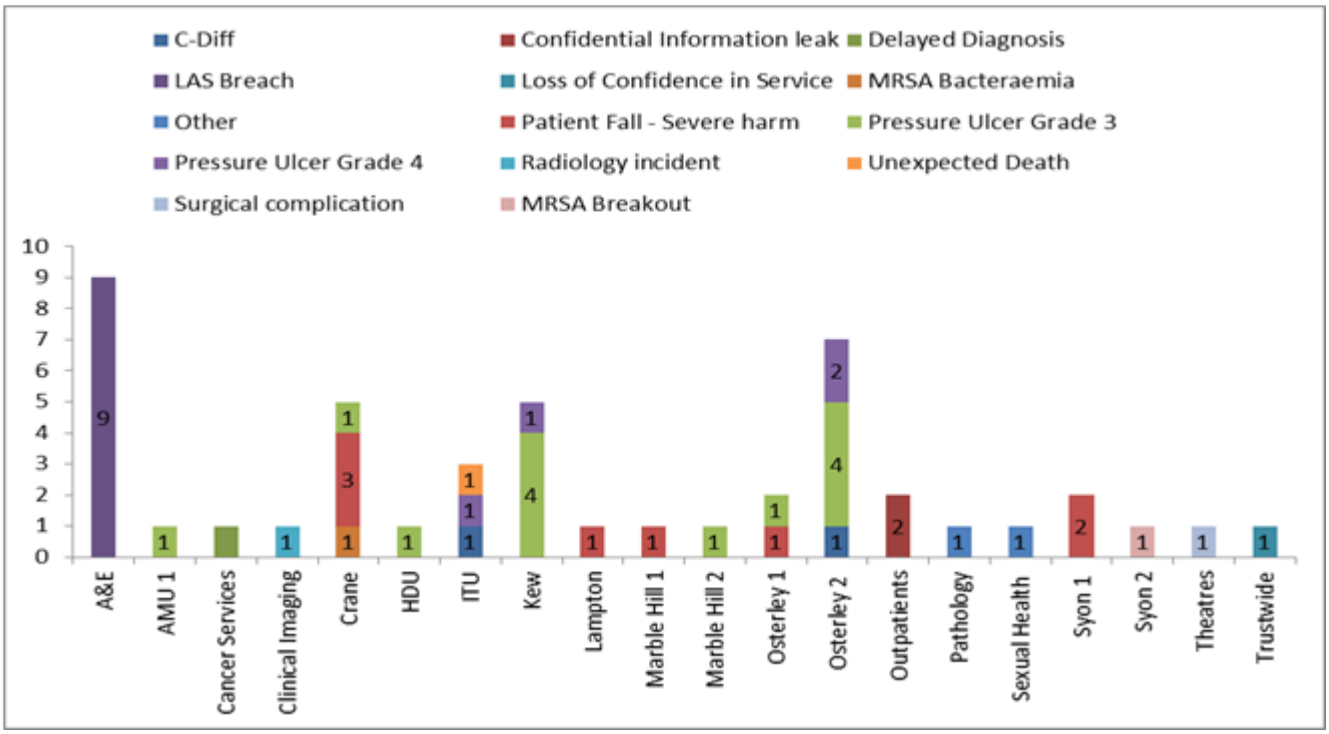


Chart 10 – SI Theme 2015/16 WM

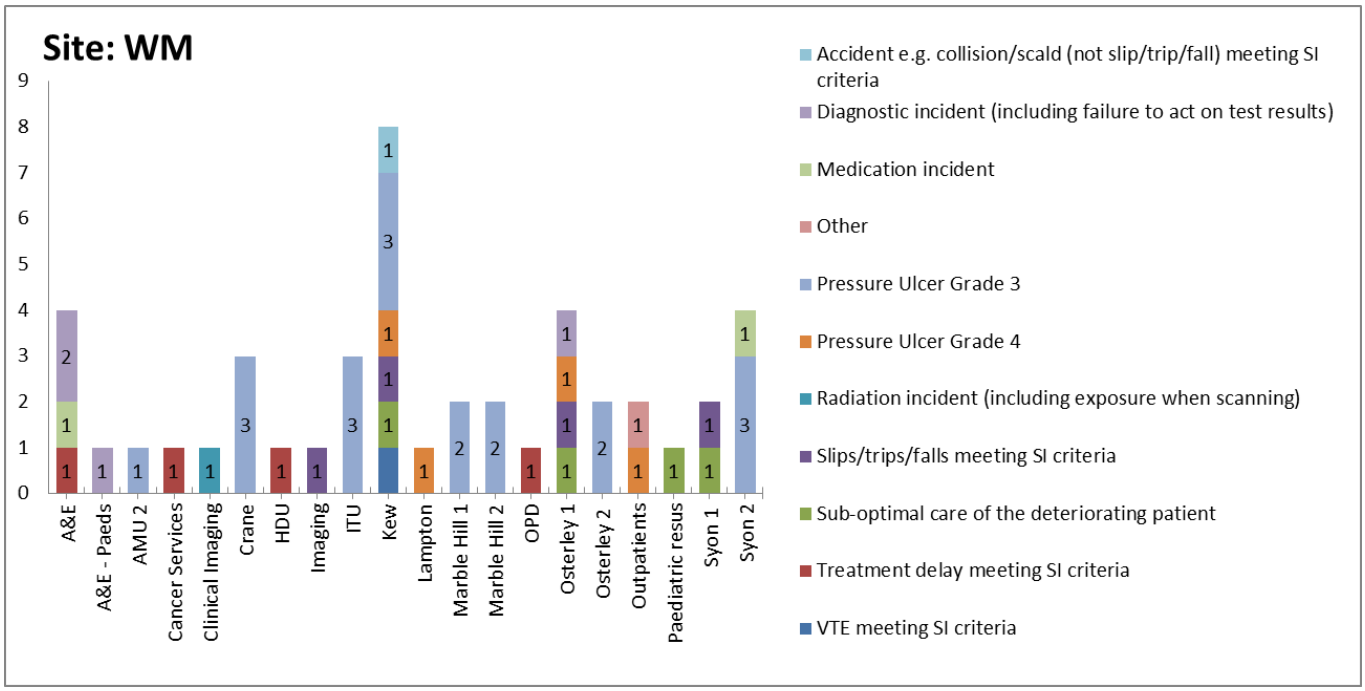
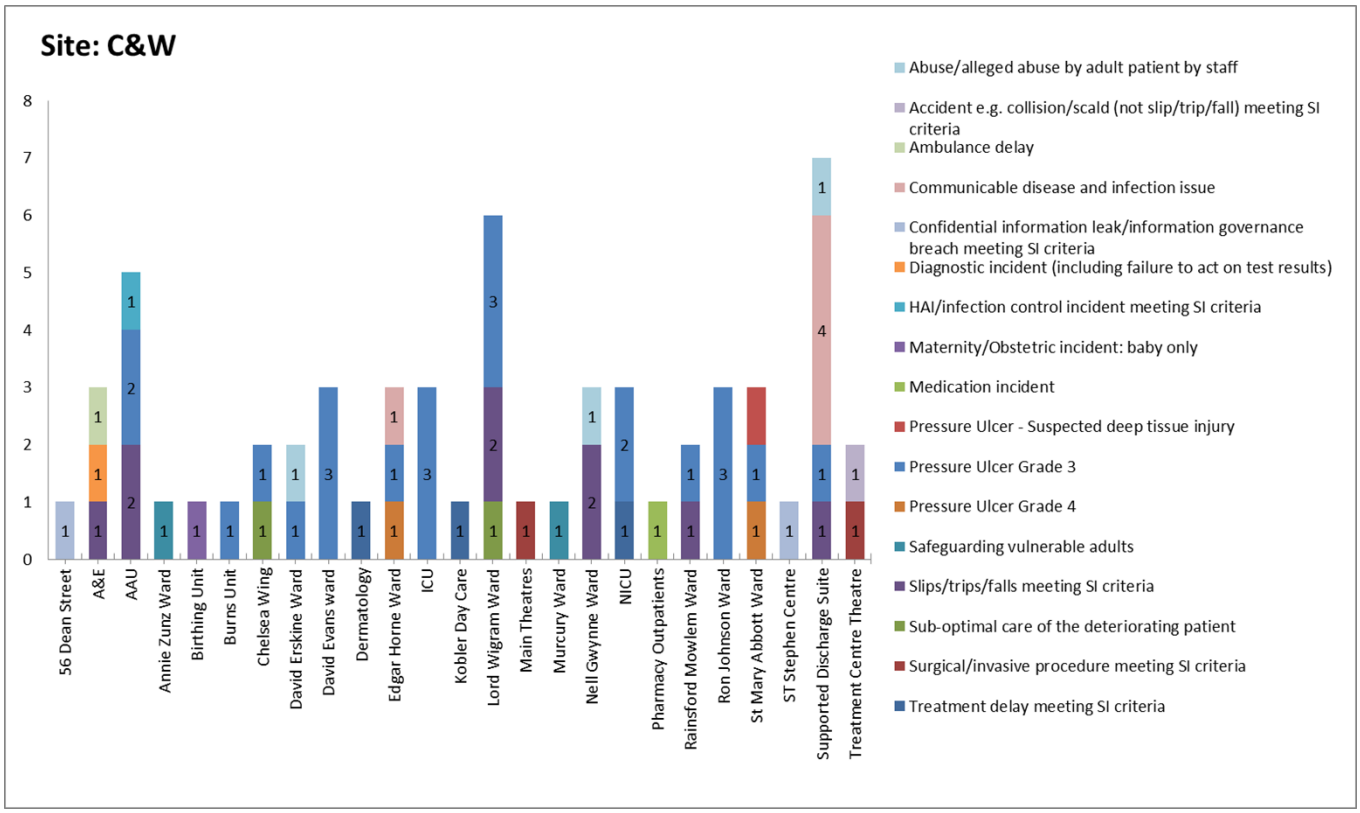


Chart 11 – SI Theme 2015/16 CWFT



Hospital Acquired Pressure Ulcers (HAPUs) remain a concern for both WM and C&W sites. The following graphs ensure that there is visibility of the volume and areas where pressure ulcers classified as serious incidents are being reported. In March 2016 C&W reported 1 suspected deep tissue injury on St Mary Abbott Ward. WM reported no HAPU'S. No one ward is showing a trend higher than another, on either site. Reduction in HAPU will remain a priority for both sites for 2016/17.

Chart 12 - Pressure Ulcers reported compared to previous months WMUH (Apr 2015–March 2016) Total= 23

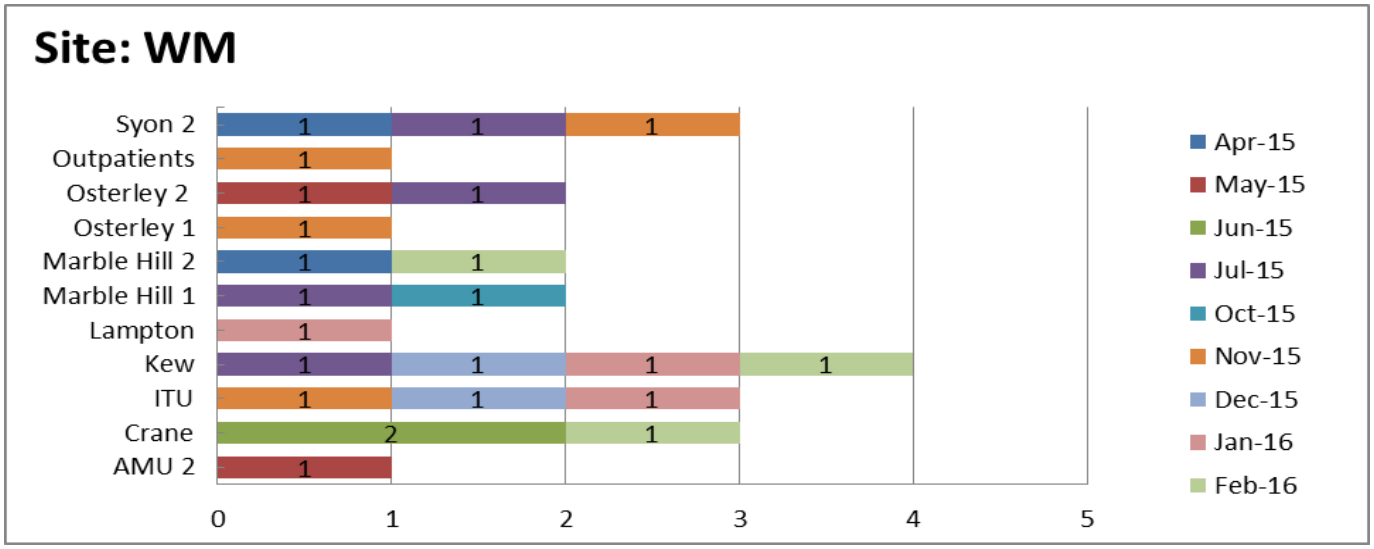
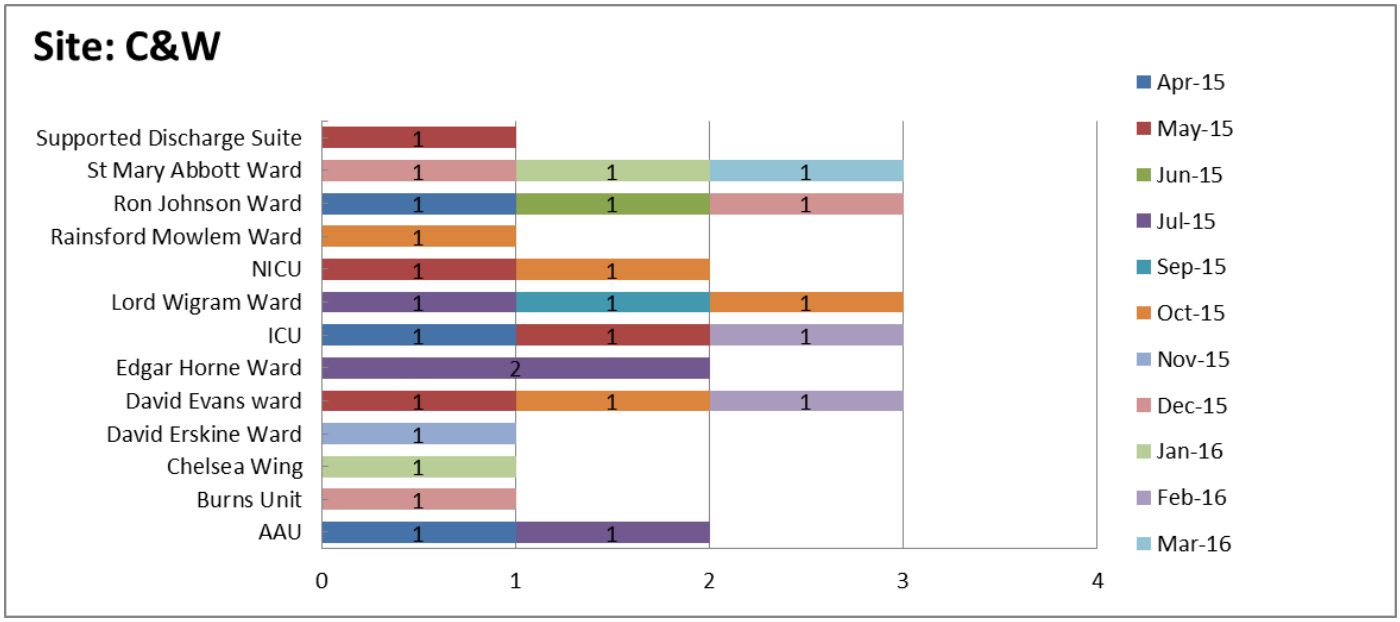
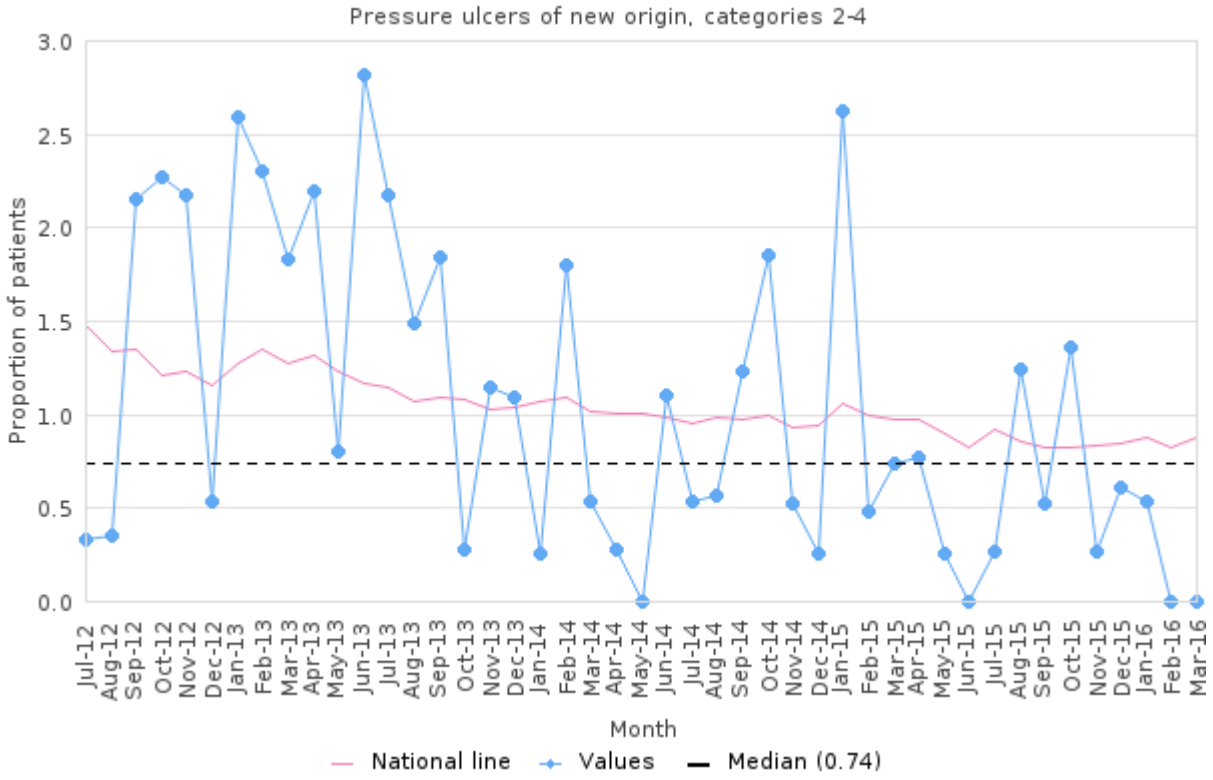


Chart 13 - Pressure Ulcers reported compared to previous months CWH (Apr 2015 –March 2016) Total =26

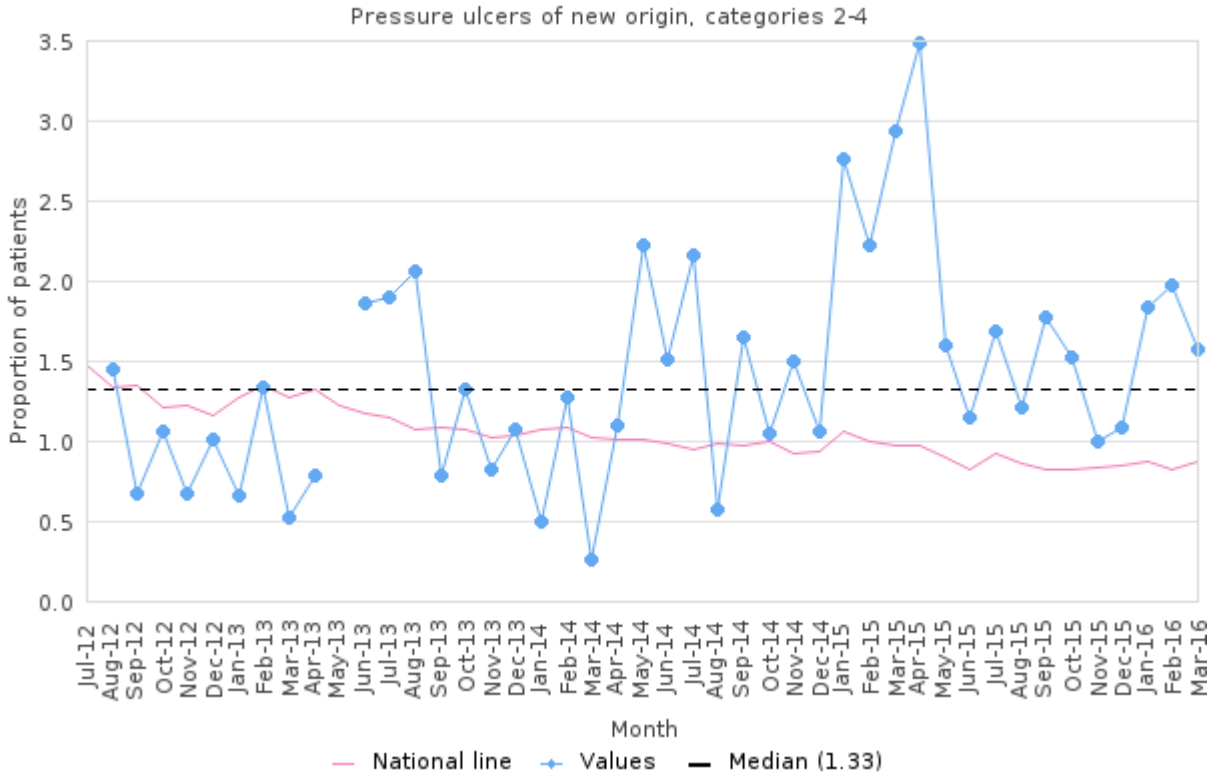


The national safety thermometer data provides a benchmark for hospital acquired grade 2, 3 and 4 pressure ulcers. This is prevalence data and relates to pressure ulcers acquired whilst in hospital. The red line denotes the national position and the blue line the position for each site. This data is not currently amalgamated. The charts show that the national average is currently just under 1%, WM site median is below the national average and C&W site is above. Pressure ulcers are a future deep dive agenda item for the Quality Committee.

Graph 1 ST data WM site



Graph 2 ST data C&W site



3.3 SI Status Update

Table 3 provides an overview of the SIs currently under investigation by site (26).

Disappointingly there is 1 that is very overdue and is as a result of disagreement as to where the ulcer originated. This has been escalated for resolution, a verbal update on progress will be given at the Quality Committee but the aim is to ensure the investigation is completed by the date of the meeting.

Table 3

STEIS No.	Date of	Clinical Division	Incident Type (STEIS Category)	Site	External
2015/37483	10/10/2015	Planned Care	Pressure Ulcer Grade 3	C&W	02/03/2016
2016/1774	24/12/2015	Planned Care	Slips/trips/falls meeting SI criteria	WM	15/04/2016
2016/2061	20/01/2016	Emergency & Integrated Care	Sub-optimal care of the deteriorating	WM	19/04/2016
2016/2521	25/01/2016	Emergency & Integrated Care	Pressure Ulcer Grade 3	WM	25/04/2016
2016/2573	22/01/2016	Emergency & Integrated Care	Pressure Ulcer Grade 4	WM	25/04/2016
2016/3041	23/01/2016	Emergency & Integrated Care	Pressure Ulcer Grade 3	WM	28/04/2016
2016/3253	28/01/2016	Emergency & Integrated Care	Pressure Ulcer Grade 3	WM	03/05/2016
2016/2604	26/01/2016	Women and Children	Pressure Ulcer Grade 3	C&W	25/04/2016
2016/3610	02/02/2016	Emergency & Integrated Care	Diagnostic incident	WM	05/05/2016
2016/3796	31/01/2016	Emergency & Integrated Care	Pressure Ulcer Grade 3	WM	09/05/2016
2016/4019	09/02/2016	Planned Care	Treatment delay meeting SI criteria	WM	10/05/2016
2016/4782	12/02/2016	Planned Care	Slips/trips/falls meeting SI criteria	WM	18/05/2016
2016/5368	19/02/2016	Women and Children	Maternity/Obstetric incident: mother only	WM	24/05/2016
2016/5487	25/02/2016	Women and Children	Maternity/Obstetric incident: mother only	WM	25/05/2016
2016/3996	10/02/2016	Planned Care	Pressure Ulcer Grade 3	C&W	10/05/2016
2016/5065	12/02/2016	Planned Care	Pressure Ulcer Grade 3	C&W	20/05/2016
2016/5081	08/02/2016	Emergency & Integrated Care	Slips/trips/falls meeting SI criteria	C&W	20/05/2016
2016/7452	12/03/2016	Women and Children	Maternity/Obstetric incident: baby only	WM	14/06/2016
2016/6874	03/02/2016	Emergency & Integrated Care	Treatment delay meeting SI criteria	C&W	08/06/2016
2016/6624	19/02/2016	Women and Children	Maternity/Obstetric incident: mother only	C&W	07/06/2016
2016/7762	14/03/2016	Planned Care	Pressure Ulcer – Suspected deep tissue	C&W	16/06/2016
2016/9116	12/02/2016	Women and Children	Pressure Ulcer Grade 3	C&W	29/06/2016
2016/9119	04/03/2016	Women and Children	Pressure Ulcer Grade 3	C&W	29/06/2016
2016/8672	09/03/2016	Emergency & Integrated Care	Slips/trips/falls meeting SI criteria	C&W	17/06/2016
2016/9030	18/03/2016	Emergency & Integrated Care	Slips/trips/falls meeting SI criteria	C&W	29/06/2016
2016/9177	04/04/2016	Planned Care	Pressure Ulcer Grade 3	WM	30/06/2016

4.0 SI Action Plans – WM only

The Quality and Clinical Governance Team continues to develop the SI Action Log, which incorporates all completed action plans submitted from the 1st April 2014. At this stage it is not possible to replicate the action log for C&W site.

Table 4 below provides details of the overall current status of the action plans. Out of a total of 536 actions (110 action plans), 475 actions have been completed, 5 actions are not yet due to be completed, and 56 actions (10%) are overdue.

It is likely that most of the actions have been completed, however, updates have not been provided to the Quality and Clinical Governance team. The divisions will be required to review outstanding actions at their respective quality and risk meetings and report back to the Quality and Clinical Governance team. The Divisional Quality and Clinical Governance leads are now facilitating this and a verbal update on progress will be provided at the Quality Committee.

Table 4

No. of SI action plans included in report:	**110**	
Total no. of actions:	**536**	
Total no. of actions completed:	**475**	**89%**
No. of actions overdue:	**56**	**10%**
No. of actions not yet due:	**5**	**1%**

Table 5 - Divisional Progress against all actions

	Completed Actions		Actions Not yet due		Overdue Actions		Total
Division	**Count**	**%**	**Count**	**%**	**Count**	**%**	
Clinical Support Services	30	81%	4	11%	3	8%	37
IM&T	6	86%	0	0%	1	14%	7
Medicine	134	86%	0	0%	21	14%	155
Nursing	12	86%	0	0%	2	14%	14
Surgical and Critical Care	50	68%	1	1%	22	30%	73
Trustwide	13	100%	0	0%	0	0%	13
Women and Children	223	97%	0	0%	6	3%	229
Workforce & Development	7	88%	0	0%	1	13%	8
Total	475	89%	5	1%	56	10%	**536**

5.0 Analysis of themes

Table 6 shows the total number of Serious Incidents for 2013/2014, 2014/15 and the year to date position for 2015/16. Tables 7-8 provide a breakdown of themes for 2014/15 and 2015/16. This is for WM only further work is required to develop this section to include the C&W site from April 2016.

Table 6 – Total Incidents	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL YTD
Total SIs 13/14	8	13	13	16	8	4	8	5	7	5	7	10	**104**
Total SIs 14/15	7	3	5	8	3	5	4	4	13	4	3	7	**66**
Total SI's 15/16	2	4	3	8	4	1	2	10	5	7	8	1	**55**

For 2014/2015, 79 incidents were initially reported with 13 being de-escalated giving a final year end position of 66.

Table 7- Themes 2014/15

Incident details	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Pressure Ulcer Grade 3	1		2		2	1	1		1	1	2	2	**13**
Unexpected admission to NICU	2	1	1	3		2		1		1		2	**13**
LAS Breach		1		1					5	1	1		**9**
Patient Fall - Severe harm	1		1			1	1	1	2			1	**8**
Pressure Ulcer Grade 4	1							1	2				**4**
Other				1								1	**2**
Closure of Maternity Unit			1						1				**2**
Confidential Information leak				1			1						**2**
C-Diff				1	1								**2**
Unexpected Death	2												**2**
Delayed Diagnosis												1	**1**

Loss of Confidence in Service								1					**1**
Radiology incident							1						**1**
Surgical complication									1				**1**
Intrapartum death									1				**1**
Maternity - Unexpected admission to ITU						1							**1**
MRSA Breakout										1			**1**
MRSA Bacteraemia				1									**1**
Never Event - Retained foreign object		1											**1**
Grand Total	**7**	**3**	**5**	**8**	**3**	**5**	**4**	**4**	**13**	**4**	**3**	**7**	**66**

Grade 3 Pressure Ulcers (13) and unexpected admissions to NICU (13) were the highest reported incidents during 2014/2015. This was followed by 9 LAS breaches and 8 Patient Falls with severe harm.

Table 8 - Themes 2015/16

Incident details	Ap	M	Ju	Ju	Au	Se	Oc	No	De	Ja	Fe	Ma	YTD
Accident e.g. collision/scald (not slip/trip/fall)								1					**1**
Diagnostic incident (including failure to act on test				2	1						1		**4**
Maternity/Obstetric incident: baby only		1			1	1		1	1			1	**6**
Maternity/Obstetric incident: mother only								1		1	2		**4**
Medication incident				1					1				**2**
Other		1											**1**
Pressure Ulcer Grade 3	2	2	2	4			1	2	1	2	3		**19**
Pressure Ulcer Grade 4								2	1	1			**4**
Radiation incident (including exposure when			1										**1**
Slips/trips/falls meeting SI criteria								1		2	1		**4**
Sub-optimal care of the deteriorating patient				1	1			1		1			**4**
Treatment delay meeting SI criteria					1		1	1			1		**4**
VTE meeting SI criteria									1				**1**
Grand Total	**2**	**4**	**3**	**8**	**4**	**1**	**2**	**10**	**5**	**7**	**8**	**1**	**55**

Between April 2015 and March 2016 WM has reported 23 HAPU'S, 19 grade 3 pressure ulcers and 4 grade 4 pressure ulcers. This is significantly higher compared to last year when 17 incidents were reported, 13 grade 3 pressure ulcers and 4 grade 4 pressure ulcers.

There have been 4 reported incidents of patient falls with severe harm compared to 8 last year. Falls prevention has been a priority for WM.

The quality and clinical governance team continues to scrutinise all reported incidents to ensure that SI reporting is not compromised.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 May 2016

PUBLIC

AGENDA ITEM NO.	9/May/16
REPORT NAME	Integrated Performance Report – March 2016
AUTHOR	Andy Howlett, Deputy Director of Performance, Information & Contracting
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for March 2016 for both Chelsea and Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	The integrated performance report shows the Trust performance for March 2016. **Regulatory performance** – The A&E waiting time target for March was not achieved on either site. The primary cause of failure to meet the required standard was the continuation of the pressure from demand impacting both sites. Increased demand has been seen across the country and despite non-achievement, C&W remains the best performing Trust in London. The RTT incomplete target was not achieved for the overall Trust in March. The backlog had been forecast to grow in March due to the timing of Easter, but the growth was larger than anticipated due to the cumulative impact of junior doctors' Industrial Action in the month. The Trust reported three patients who were waiting >52 weeks from referral at the end of March. Delays in treating all three patients were contributed to by ongoing data quality issues on the C&W site. All patients have treatment plans and none have come to any harm as a result of the delay in treating them. Validated performance for the 62 Day GP Referral Cancer standard in February was achieved at WMUH site, but missed at C&W site due to unplanned absence within the senior clinical team in Urology. Despite best efforts by the Planned Care Division, mitigation for the loss of capacity was not possible. March's unvalidated performance is forecasting achievement for the Trust with compliant performance on both sites. Unvalidated performance for March against the 62 Day Screening Cancer standard was not compliant as a result of patients referred late in their pathway by Imperial Healthcare's Breast Screening service. Concern about the delayed referrals has been raised formally at CEO to CEO level with Imperial. WMUH site had one further C. difficile infection in March bringing the total for the site to 10 year to date, one case over the annual target. There were no lapses in care contributing to the latest case. Learning from these cases has led to action plans to mitigate against further cases, which have been shared widely with the

	clinical teams. Performance on C&W site was 7 cases for the year with no further cases in March, meaning that the Trust was one case over the annual target for the combined Trust. The WMUH site, is now reporting compliance against the access to healthcare standard for patients with Learning Disability, which now means C&W overall is compliant. The team that have worked on Trust compliance with these standards are congratulated for their hard work in improving care for patients. Both sites have achieved all other regulatory performance indicators. **Quality and Patient Experience**: As expected, a further rise in incident reporting rates has been recorded on the C&W site with the implementation of the new Datix-web incident reporting system. Improving response rates for FFT across all areas remains work in progress. **Safety, Efficiency and Clinical Effectiveness**: There was one Never Event reported in March in Maternity relating to a retained swab. The maternity team are focussing on mitigating risk factors associated with large blood loss procedures, and procedures where women are transferred from one care setting to another. Non-elective length of stay on C&W site has increased further over target and in part, reflects increased acuity of patients being admitted. Work within the Bed Productivity workstream continues to focus on the underlying causes and in identifying potential improvements and consistency in pathways across our sites. **Workforce**: Appraisal and Mandatory Training compliance remain areas for improvement despite a concerted drive to improve completeness levels by the end of the financial year.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times, and cancer 62 days waits.
FINANCIAL IMPLICATIONS	The combined Trust reported a favourable variance £1.34m in March and £8.87m deficit for the 2015/16 year end, which was £2.26m favourable against plan for the year.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	The Board is asked to note the performance for March 2016 and to note that whilst a number of indicators were not delivered in the month, the overall YTD compliance was excellent, placing C&W as one of the few Trusts in London to deliver the standards.

TRUST PERFORMANCE & QUALITY REPORT

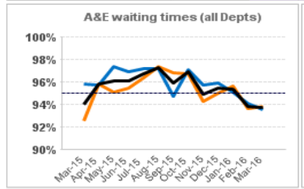
March 2016

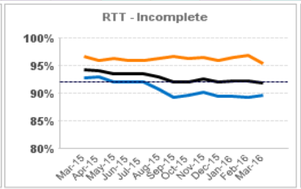
March 2016
Performance Dashboard

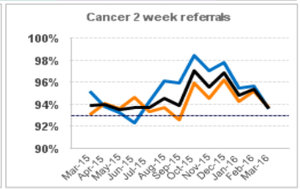
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

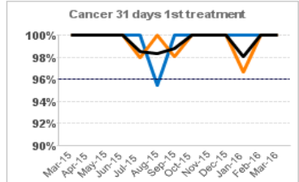
Regulatory Compliance

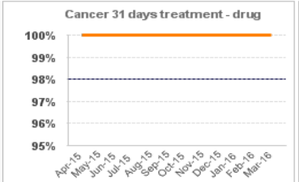
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1	94.1	93.6	95.6	93.7	93.8	95.4	93.9	93.7	94.3	95.6	
RTT - Incomplete (Target: >92%)	89.4	89.2	89.6	96.4	96.9	95.4	92.1	92.2	91.8	92.0	92.7	
Cancer 2 week urgent referrals (Target: >93%)	95.5	95.6	93.6	94.3	95.2	93.7	94.8	95.4	93.7	94.6	94.7	
Cancer 31 days first treatment (Target: >96%)	100	100	100	96.7	100	100	98.0	100	100	99.3	99.5	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100	100	n/a	100	100	n/a	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Cancer 62 days GP ref to treatment (Target: >85%)	93.3	72.0	89.5	92.5	93.8	97.4	92.7	86.3	93.5	90.7	90.3	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	33.3	50.0	100.0	33.3	50.0	55.6	85.4	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	1	0	0	2	1	1	3	1	1	5	17	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	N/C	N/C	Comp	N/C	N/C	Comp	Comp	Comp	

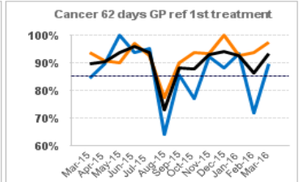






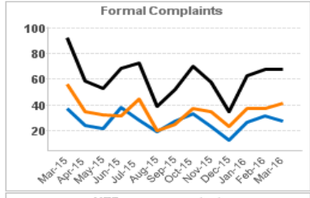


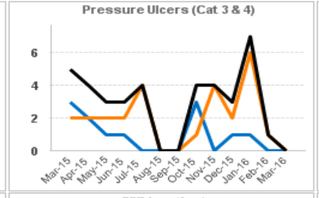


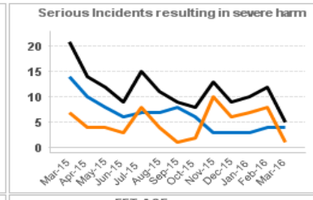


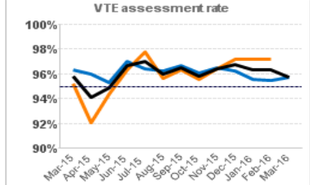
Quality

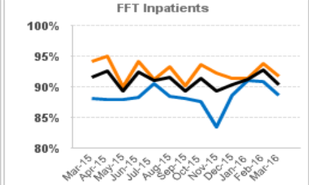
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.3	94.7	94.1	99.5	99.6	99.5	97.0	96.9	96.3	96.7	97.8	
Pressure Ulcers (Cat 3 & 4)	1	0	0	6	1	0	7	1	0	8	33	
VTE assessment % (Target: >=95%)	95.5	95.5	95.7	97.2	97.2		96.3	96.3	95.7	96.2	96.1	
Formal complaints number received	26	31	27	37	37	41	63	68	68	199	707	
Formal complaints responded to <25days	17	18	5	13	21	5	30	39	10	79	435	
Serious Incidents	3	4	4	7	8	1	10	12	5	27	127	
Never Events (Target: 0)	0	0	1	0	0	0	0	0	1	1	3	
FFT - Inpatients recommend % (Target: >90%)	91.1	90.9	88.6	91.3	93.8	91.7	91.2	92.7	90.4	91.5	91.0	
FFT - A&E recommend % (Target: >90%)	86.4	86.1	85.3	87.4	88.9	87.3	86.6	86.7	85.7	86.4	87.2	
Falls causing serious harm	0	0	0				0	0	0	0	1	

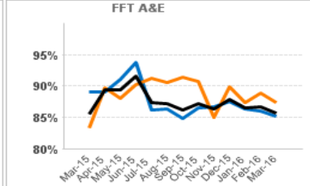






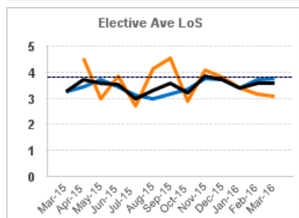


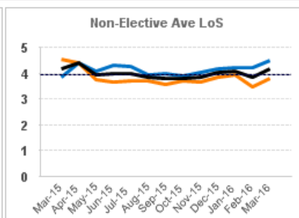


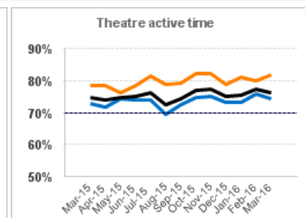


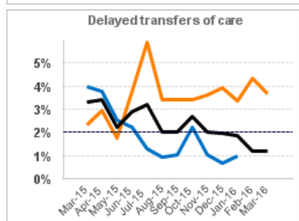
Efficiency

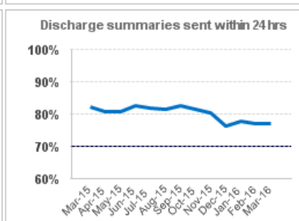
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.4	3.7	3.7	3.4	3.2	3.1	3.4	3.6	3.6	3.5	3.5	
Non-Elective average LoS (Target: <3.95)	4.2	4.2	4.5	3.9	3.5	3.8	4.1	3.8	4.1	4.0	4.0	
Theatre active time (Target: >70%)	73.3	75.9	74.2	81.1	79.8	81.7	75.6	77.1	76.3	76.3	75.5	
Delayed transfers of care (Target: <2%)	0.99	0.00	0.00	3.34	4.33	3.67	1.87	1.19	1.20	1.43	2.23	
Discharge summaries sent within 24 hours (Target: >70%)	77.8	76.9	77.1	dev	dev	dev	77.8	76.9	77.1	77.3	80.0	
Outpatient DNA rates (Target: <11.1%)	10.7	10.7	11.1	10.6	9.3	9.2	10.7	9.9	11.1	10.4	11.0	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	0	0	0	0	0	0	0	0	0	14	

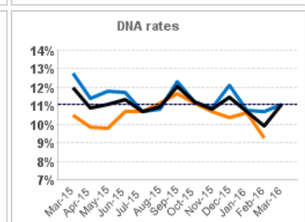






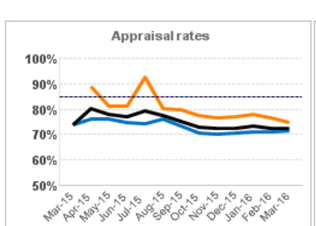


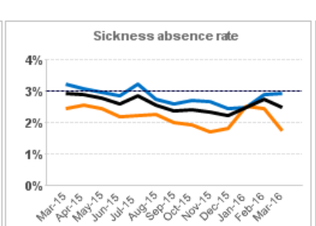


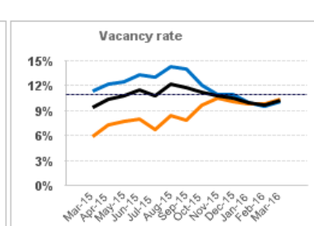


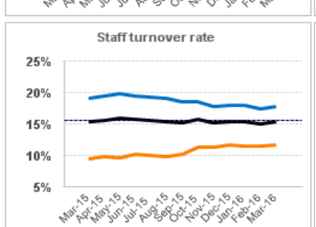
Workforce

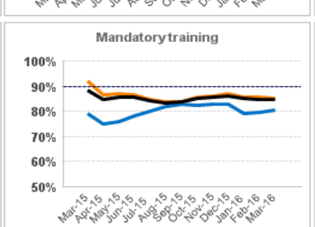
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	71.1	70.9	71.4	78.2	76.4	74.9	73.3	72.7	72.5	72.8	75.3	
Sickness absence rate (Target: <3%)	2.48	2.88	2.92	2.50	2.46	1.73	2.49	2.73	2.49	2.57	2.55	
Vacancy rates (Target: CW<12%; WM<10%)	10.0	9.5	10.1	9.7	9.8	10.4	9.9	9.6	10.2	10.2	10.2	
Turnover rate (Target: CW<18%; WM<11.5%)	17.9	17.4	17.8	11.5	11.5	11.6	15.4	15.1	15.4	15.4	15.4	
Mandatory training (Target: >90%)	79.2	79.6	80.8	85.9	85.5	85.4	85.0	84.7	84.8	84.8	84.9	
Bank and Agency spend (£ks)	£2,504	£2,789	£2,781	£1,542	£1,741	£1,683	£4,045	£4,529	£4,463	£13,038	£50,015	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	7.9	7.3	8.0	11.5	10.9	9.2	9.3	8.7	8.4	8.8	10.3	

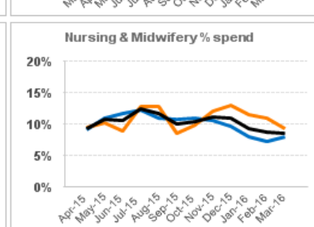












Note: Full page versions of the above Performance Dashboards are available on Pages 17-20

Monitor Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1%	94.1%	93.6%	95.8%	95.6%	93.7%	93.8%	95.5%	95.4%	93.9%	93.7%	94.3%	95.6%	
RTT	18 weeks RTT - Admitted (Target: >90%)	79.7%	78.4%	76.4%	84.9%	94.8%	92.7%	93.8%	94.8%	87.7%	86.3%	85.7%	86.6%	90.0%	
	18 weeks RTT - Non-Admitted (Target: >95%)	92.5%	92.6%	92.5%	93.6%	96.2%	97.3%	96.5%	96.8%	94.1%	94.4%	94.0%	94.1%	94.8%	
	18 weeks RTT - Incomplete (Target: >92%)	89.4%	89.2%	89.6%	90.6%	96.4%	96.9%	95.4%	96.2%	92.1%	92.2%	91.8%	92.04%	92.7%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	95.5%	95.6%	93.6%	95.3%	94.3%	95.2%	93.7%	94.3%	94.8%	95.4%	93.7%	94.6%	94.7%	
	31 days diagnosis to first treatment (Target: >96%)	100%	100%	100%	99.7%	96.7%	100%	100%	99.4%	98.0%	100%	100%	99.3%	99.5%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100%	100%	100%	n/a	100%	100%	100%	n/a	100%	100%	
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	62 days GP referral to first treatment (Target: >85%)	93.3%	72.0%	89.5%	87.1%	92.5%	93.8%	97.4%	92.3%	92.7%	86.3%	93.5%	90.7%	90.3%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	33.3%	50.0%	85.4%	100%	33.3%	50.0%	55.6%	85.4%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	1	0	0	7	2	1	1	10	3	1	1	5	17	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	Non-compliant	Non-compliant	compliant	compliant	Non-compliant	Non-compliant	compliant	compliant	compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

Please note the following two items	n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.
		RTT Admitted and RTT Non-Admitted are no longer Monitor Compliance Indicators

Chelsea & Westminster commentary

A&E Waiting times
The Trust had another very challenging month for A&E 4 hr performance and achieved a combined performance of 93.7% (and 94.7% for the quarter).
This was disappointing but is in the context of a statistically significant increase in attendances at the West Middlesex site and an increase in both attendances and LAS conveyances at Chelsea site. The Trust was able to keep all patients safe and manage their pathways clinically appropriately however and is examining ways of increasing capacity to cope with the increased demand.

18 Weeks RTT – Admitted
Admitted performance was impacted by junior doctors strike because lists were cancelled and a shortage of anaesthetists due to vacancies and sickness. Validation is in progress to review all patients waiting 30+ weeks.

18 Weeks RTT - Non-Admitted
Non-admitted performance impacted due to junior doctor's strike. Patients are being reviewed and rebooked into appropriate clinics. Where required, additional clinics are being set up. Validation is in progress to review al long waiters.

18 Weeks RTT – Incomplete
91.8% - the combined Trust performance was non-compliant for the first time since the organisation's integration in October 2015. Although the Chelsea site continues to underperform against the national standard (89.3%) this performance has improved since the beginning of the quarter, however the WMUH site performance dipped 1.5 % (from 96.9% in February to 95.4% in March) which impacted the overall Trust performance. The dip in performance was due to junior doctor strikes which and was further impacted by Easter. It is expected that the Chelsea site will recover the position by Q2.

West Middlesex commentary

A&E Waiting times
Activity demand for Type 1 A&E attendances at West Middlesex continued at the high levels experienced in February, placing significant pressure on performance. Activity in March was 11.4% higher than in March 2015.

Self-certification against compliance for access to healthcare for people with Learning Disability
Trust wide Chelsea & Westminster are compliant with these standards.
At West Middlesex there is an outstanding issue with flagging on eCAMIS which is being addressed by all Trusts (9) involved with this system alongside the system provider.

Cancer - 62 days NHS screening service referral to first treatment
One of the two patients treated in month was not treated within 62 days following referral from the Breast Screening service provider at day 48. Concern regarding late referrals has been raised formally with the CEO at Imperial Healthcare.

Clostridium Difficile infections
There was one C. difficile infection in March 2016, bringing the total to ten cases. The target for the year to 31 March 2016 was a maximum of nine cases, so the target has been exceeded by one case. Case 10 was on the same ward as case 9, but they were caused by different ribotypes of C. difficile. Over the year there were two cases of the same ribotype (014), the first seen in July and the second in November, and a second pair of ribotype 005, the first seen in August and the second in January, all on different wards. This is consistent with the pattern of sporadic cases seen in London. There were no lapses in care contributing to the latest case (this has yet to be agreed with the commissioners). Learning from these cases has led to action plans to mitigate against further cases, which have been shared widely with the clinical teams.

Safety Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	1	0	0	1	1	0	0	1	1	
	Hand hygiene compliance (Target: >90%)	95.3%	94.7%	94.1%	95.7%	99.5%	99.6%	99.5%	99.4%	97.0%	96.9%	96.3%	96.7%	97.8%	
Incidents	Number of serious incidents	3	4	4	69	7	8	1	58	10	12	5	27	127	
	Incident reporting rate per 100 admissions (Target: >8.5)	5.7	5.9	6.7	7.3	5.9	6.8	6.7	6.9	5.8	6.3	6.7	6.3	7.1	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.08	0.00	0.04	0.04	0.02	0.00	0.07	0.02	0.05	0.00	0.02	0.04	
	Number of medication-related safety incidents	38	56	52	566	27	46	63	446	65	102	115	282	1012	
	Never Events (Target: 0)	0	0	1	3	0	0	0	0	0	0	1	1	3	
Harm	Safety Thermometer - Harm Score (Target: >90%)	96.2%	94.2%	95.3%	94.4%	97.0%	97.4%	98.2%	98.0%	96.6%	95.8%	96.8%	96.4%	95.9%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	0	9	6	1	0	24	7	1	0	8	33	
	NEWS compliance %	90.9%			77.1%					90.9%			90.9%	77.1%	
	Safeguarding adults - number of referrals	19	20	30	212	0	0	0	46	19	20	30	69	258	
	Safeguarding children - number of referrals	18	26	19	265	34	43	38	424	52	69	57	178	689	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	83.4	
	Number of hospital deaths - Adult	42	38	36	437	66	54	79	715	108	92	115	315	1152	
	Number of hospital deaths - Paediatric	0	0	0	2	0	0	0	0	0	0	0	0	2	
	Number of hospital deaths - Neonatal	3	2	0	24	0	1	1	11	3	3	1	7	35	
	Number of deaths in A&E - Adult	1	6	2	31	13	8	8	76	14	14	10	38	107	
	Number of deaths in A&E - Paediatric	0	0	0	2	0	0	0	4	0	0	0	0	6	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

Chelsea & Westminster commentary

Never Events
The March event relates to a retained swab in maternity. The maternity team are focussing on mitigating risk factors associated with large blood loss procedures, and procedures where women are transferred from one care setting to another. Importantly, the advice reflected in the National Safety Standards for Invasive Procedures is being applied.

Incidence of newly acquired category 3 & 4 pressure ulcers
Whilst a total of 9 hospital acquired grade 3 & 4 pressure ulcers at the Chelsea and Westminster Hospital site in 2015/16, a further 17 pressure ulcers categorised as 'unstageable' or 'deep tissue injury were reported on the external Strategic Executive Information System. Reduction of HAPU remains a priority for both sites for 2016/17.

Safeguarding children - number of referrals
The number of safeguarding referrals for the quarter remains within normal range. C&W continue to report new referrals and notifications of currently open social care cases as separate figures

Incident reporting rate per 100 admissions
To ensure that the decline is not relating to introduction of the new electronic Datix system the Governance Team have circulated details of Datix training within the Divisions and are closely monitoring incident reporting using last year's data as a broad comparison.

West Middlesex commentary

Serious Incidents

There was one reported serious incident this month, which is currently being investigated and will be reported via the Trust's Serious Incident Report.

Incidence of newly acquired category 3 & 4 pressure ulcers

In the last 2 months there has been a reduction in the number of grade 3 and 4 hospital acquired pressure ulcers being reported. However the final year end position is an increase on 2014/15. Pressure ulcer prevention will remain a focus for 2016/17.

Across both sites

Summary Hospital-level Mortality Indicator (SHMI)

SHMI is now reported by the HSCIC for the organisation as a whole. That shown is the latest published and refers to the period October 2014 to September 2015.

Patient Experience Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	91.1%	90.9%	88.6%	88.6%	91.3%	93.8%	91.7%	92.3%	91.2%	92.7%	90.4%	91.5%	91.0%	
	FFT: Inpatient not recommend % (Target: <10%)	3.7%	4.1%	6.4%	5.9%	4.4%	3.3%	2.8%	3.8%	4.1%	3.6%	4.3%	4.0%	4.6%	
	FFT: Inpatient response rate (Target: >30%)	49.2%	43.7%	40.5%	38.3%	28.2%	30.4%	27.8%	27.6%	34.4%	34.6%	32.0%	33.7%	30.7%	
	FFT: A&E recommend % (Target: >90%)	86.4%	86.1%	85.3%	86.6%	87.4%	88.9%	87.3%	89.3%	86.6%	86.7%	85.7%	86.4%	87.2%	
	FFT: A&E not recommend % (Target: <10%)	7.5%	7.7%	8.2%	7.2%	6.7%	6.3%	6.1%	6.0%	7.4%	7.4%	7.8%	7.5%	6.9%	
	FFT: A&E response rate (Target: >30%)	16.9%	15.3%	13.9%	18.8%	19.8%	22.9%	19.1%	21.6%	17.4%	16.4%	14.8%	16.2%	19.3%	
	FFT: Maternity recommend % (Target: >90%)	91.4%	89.0%	92.3%	91.2%	95.1%	93.5%	96.2%	91.4%	92.1%	89.8%	93.0%	91.6%	91.3%	
	FFT: Maternity not recommend % (Target: <10%)	5.0%	7.4%	4.5%	5.3%	2.4%	1.6%	3.8%	3.7%	4.5%	6.3%	4.3%	5.0%	4.7%	
	FFT: Maternity response rate (Target: >30%)	28.3%	24.4%	24.4%	26.7%	21.2%	15.4%	12.7%	21.5%	26.6%	22.0%	21.0%	23.3%	25.1%	
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints	Complaints formal: Number of complaints received	26	31	27	309	37	37	41	398	63	68	68	199	707	
	Complaints formal: Number responded to < 25 days	17	18	5	193	13	21	5	242	30	39	10	79	435	
	Complaints (informal) through PALS	83	98	99	1136	80	120	200	744	163	218	299	680	1880	
	Complaints sent through to the Ombudsman	0	0	0	1	0	1	1	10	0	1	1	2	11	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	2	0	1	1	6	0	1	1	2	8	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Friends and Family Test

- Positive recommendations for Inpatients are below the internal target of >90% however themes will be identified to plan areas of improvement.
- Positive recommendations for A&E are below the internal target of >90% however themes will be identified to plan areas of improvement.
- The ED staff are introducing new methods to survey patients including on-line surveys.

West Middlesex commentary

Friends and Family Test

- The Inpatient figures have decreased due to a delay in paper surveys reaching the analysts. This will be applied to the April data.
- Positive recommendations for A&E are below the internal target of >90% however themes will be identified to plan areas of improvement.
- The A&E response rate has decreased during March however new methods of surveying patients are being sought.
- Maternity response rate has decreased month by month and new methods of surveying will be sought.

Complaints

For the Emergency and Integrated Care Division at the West Middlesex site, there is currently a backlog of complaints.

The Division is therefore making this a priority to address

Efficiency & Productivity Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.39	3.70	3.74	3.46	3.38	3.18	3.08	3.58	3.39	3.57	3.58	3.51	3.49	
	Average length of stay - non-elective (Target: <3.9)	4.24	4.20	4.49	4.16	3.95	3.49	3.80	3.77	4.09	3.85	4.14	4.03	3.97	
	Emergency care pathway - average LoS (Target: <4.5)	5.27	4.76	5.62	4.99	4.39	3.86	4.19	4.22	4.72	4.21	4.74	4.55	4.52	
	Emergency care pathway - discharges	189	201	207	2355	231	217	219	2539	421	419	427	1268	4894	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.30%	3.02%	3.57%	3.28%	8.29%	9.21%	6.55%	7.65%	5.73%	5.70%	4.85%	5.43%	5.22%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	1.0%	0.0%	0.0%	1.4%	3.3%	4.3%	3.7%	3.6%	1.9%	1.2%	1.2%	1.4%	2.2%	
	Non-elective long-stayers	387	415	452	4888										
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	86.0%	85.6%	86.7%	84.0%	88.2%	83.2%	86.8%	85.1%	86.9%	84.6%	86.7%	86.1%	84.8%	
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.00%	0.57%	0.36%	0.36%					0.00%	0.57%	0.36%	0.31%	0.36%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	0	0	14	0	0	0	0	0	0	0	0	14	
	Theatre active time (C&W Target: >70%; WM Target: >78%)	73.3%	75.9%	74.2%	73.6%	81.1%	79.8%	81.7%	79.9%	75.6%	77.1%	76.3%	76.3%	75.5%	
	Theatre booking conversion rates (Target: >80%)	88.2%	88.0%	88.4%	88.2%										
Outpatients	First to follow-up ratio (Target: <1.5)	1.64	1.62	1.65	1.61	1.61	1.60	1.67	1.67	1.62	1.61	1.66	1.63	1.65	
	Average wait to first outpatient attendance (Target: <6 wks)	7.4	7.2	7.1	7.0	6.5	6.2	5.9	6.1	7.0	6.7	6.6	6.8	6.6	
	DNA rate: first appointment	12.9%	11.6%	11.5%	12.1%	12.2%	10.9%	10.6%	11.8%	12.6%	11.3%	11.1%	11.6%	12.0%	
	DNA rate: follow-up appointment	10.0%	10.4%	11.0%	11.0%	9.6%	8.3%	8.3%	9.6%	9.9%	9.7%	10.1%	9.9%	10.5%	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Non-Elective and Emergency average LoS
Both indicators are show as over the target as a combined Trust with the Chelsea site higher than that at West Middlesex. This is being addressed via a workstream looking into the Trust's Bed Productivity programme.

Emergency re-admissions within 30 days of discharge
This performance was 4.88% for the Trust, and is significantly over the target, particularly at the West Middlesex site. Some focussed work has started to address this, including audits, data cleansing and focus on specific high thoughput pathways.

Outpatient first to follow-up ratios
There is work ongoing as part of the Outpatient Productivity Steering Group Workstream to streamline pathways and introduce straight to test clinics which will reduce the new to follow up ratio.

Average wait to first outpatient attendance
Improvements have been seen in reducing waiting for first attendance due to focus on ensuring capacity is focused on this group of patients. Business cases have been submitted with decision pending, to help to clear the larger backlog and reduce waits further.

West Middlesex commentary

Elective average LoS

There is a continued improvement in Elective Length of Stay as a result of theatre efficiency work ensuring day cases are not extended into overnight stays.

Emergency re-admissions within 30 days (Adult & Paediatric)

A detailed clinical audit is in progress to identify opportunities to reduce re-admissions. Findings will be reported to the Executive Board in May

Delayed transfers of care affected patients

Inter-agency working within Hounslow and Richmond remains good. All delays are being managed proactively.

Outpatient first to follow-up ratios

Increase in FUp is due to partial booking backlog clearance, especially in ENT and Paediatrics

Clinical Effectiveness Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	90.1%	91.5%	91.5%	92.7%	96.3%	97.2%	96.9%	96.8%	97.4%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	81.8%	92.3%	89.2%	100.0%	100.0%	71.4%	75.8%	100.0%	88.9%	81.5%	89.9%	82.4%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	93.8%	96.2%	100.0%	96.4%	95.7%	97.3%	97.9%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	3	0	0	2	5	0	0	2	2	8	
	VTE risk assessment (Target: >95%)	95.5%	95.4%	95.7%	96.1%	97.2%	97.2%		96.0%	96.3%	96.3%	95.7%	96.2%	96.0%	
TB	TB: Number of active cases identified and notified	1	4	4	51	6	9	5	97	7	13	9	29	148	
	TB: % of treatments completed within 12 months (Target: >85%)														

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

#NoF Time to Theatre <36hrs for medically fit patients

At the Chelsea and Westminster site there was one non-clinical breach this month due to capacity - the case being a highly complex clinical one which required a consultant-led list.

VTE Hospital-acquired

VTE data requires continuing analysis to identify potentially preventable hospital associated events

VTE Risk Assessment

Analysis of key areas where VTE assessment is not being met, the reasons for this, and steps to harmonise working practices across the two sites with a particular focus on AAU/AMU is required.

TB: Number of active cases identified and notified

There were 4 TB cases notified. These cases are for C&W only as per the London TB Register. C&W TB Service also manage TB cases for the Royal Brompton and the Royal Marsden.

West Middlesex commentary

#NoF Time to Theatre <36hrs for medically fit patients

The service has developed an action plan to improve the surgical and wider best practice tariff metrics – this includes reviewing out of hours trauma capacity utilisation. This is being reviewed for further improvement in April

Access Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	3	5	3	34	0	0	0	0	3	5	3	11	34	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	100%	99.77%	99.87%	99.96%	99.93%	99.91%	99.97%	99.90%	99.96%	99.85%	99.92%	99.91%	99.93%	
	Diagnostic waiting times >6 weeks: breach actuals	0	5	3	12	2	3	1	33	2	8	4	14	45	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.8%	7.0%	7.1%	7.1%	9.3%	8.8%	8.5%	8.5%	8.3%	7.6%	7.6%	7.8%	7.6%	
	A&E time to treatment - Median (Target: <60')	01:01	01:11	01:16	01:04	00:43	00:50	01:03	00:44	00:55	01:06	01:12	01:04	00:58	
	London Ambulance Service - patient handover 30' breaches	28	67	45	546	65	111	115	635	93	178	160	431	1181	
	London Ambulance Service - patient handover 60' breaches	0	4	4	20	0	1	1	3	0	5	5	10	23	
Choose and Book (unavailable until Apr-16 at the earliest)	Choose and book: appointment availability														
	Choose and book: capacity issue rate														
	Choose and book: system issue rate														

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

RTT Incompletes 52 week patients at month end
3 breaches in the month of March which are 3 of the 5 reported on at the end of February: 2 x due to incorrect pathway reporting and 1 x patient choice and inconsistent application of the Trust Access Policy. The Trust has submitted a plan to resolve all 52 week long waiters by Q2 and this is on track. Risks around unknown data quality (PAS encountering) errors that may affect this standard have been raised.

Diagnostic waiting times <6 weeks: %
There is continued satisfactory performance across the board for the range of diagnostic procedures. Within Radiology, non-obstetric ultrasound (both sites) and MRI scanning (C&W site) continue to be the most challenging modalities. The use of 'Waiting List Initiative sessions' keeps waits below 6 weeks for diagnostic procedures in Radiology; this applies to both hospital sites.

The 3 confirmed breaches for non-Radiology diagnostic tests were all in Urology for Cystoscopy. The reasons stated are that due to long-term sickness, there have been capacity issues within the Specialty.

A&E unplanned re-attendances
Performance for this target was as per other months at 7.6%. Both Trusts are working with their respective Urgent care Boards to address this metric, which is nationally challenging, and met by very few Trusts.

A&E time to treatment – Median
March performance exceeded the 60 minute target for the Trust (by 16 seconds). Increased attendances have affected the performance of this metric.

London Ambulance Service - patient handover 60' breaches
The C&W Trust site had 4 60 minute handover breaches in A&E in March and this reflects some periods of high pressure, when the departments were completely full. Patients were triaged by senior staff however and were safely managed during this delay.

West Middlesex commentary

A&E Time to Treatment

The 60 minute standard was missed in March due to activity pressures on the department. Medical staffing establishment is under review in light of the 11.4% increase in Type 1 activity

London Ambulance Service - patient handover 60' breaches

The breaches in February and March are data errors which have been challenged with LAS. Reported performance will be updated once the challenge process has concluded.

Maternity Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Birth indicators	Total number of NHS births	460	434	471	5389	400	390	416	5116	860	824	887	2796	10730	
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	31.8%	30.5%	36.4%	34.6%	27.9%	25.6%	28.4%	28.3%	30.0%	28.2%	32.7%	30.3%	31.5%	
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3	
	Maternity 1:1 care in established labour (Target: >95%)	97.0%	95.5%	98.1%	96.4%	98.3%	94.7%	97.2%	94.7%	97.6%	95.1%	97.6%	96.8%	95.5%	
Safety	Admissions of full-term babies to NICU	15	21	18	243	n/a	n/a	n/a	n/a	15	21	18	54	243	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Total caesarean section rate

The Chelsea and Westminster site had a peak in C-sections at 36.4%.

This was predominantly a rise in the planned section rate.

Systems and processes are currently being reviewed and discussed at the consultant clinical summit to ensure clinical pathways are being adhered to and are appropriate.

West Middlesex commentary

Midwife to birth ratio

The current West Middlesex ratio of 1:32.7% is being reviewed as part of the nursing and midwifery establishment review

Workforce Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	10.0%	9.5%	10.1%	10.1%	9.7%	9.8%	10.4%	10.4%	9.9%	9.6%	10.2%	10.2%	10.2%	
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.9%	17.4%	17.8%	17.8%	11.5%	11.5%	11.6%	0.0%	15.4%	15.1%	15.4%	15.4%	15.4%	
	Sickness absence (Target: <3%)	2.5%	2.9%	2.9%	2.8%	2.5%	2.5%	1.7%	2.1%	2.5%	2.7%	2.5%	2.6%	2.6%	
	Bank and Agency spend (£ks)	£2,504	£2,789	£2,781	£30,469	£1,542	£1,741	£1,683	£19,546	£4,045	£4,529	£4,463	£13,038	£50,015	
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	7.9%	7.3%	8.0%	9.9%	11.5%	10.9%	9.2%	10.8%	9.3%	8.7%	8.4%	8.8%	10.3%	
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	82.2%	76.0%	79.2%	83.6%	61.4%	86.3%	90.9%	49.9%	74.0%	80.5%	84.2%	79.5%	69.9%	
	% of appraisals completed - non-medical staff (Target: >85%)	69.6%	70.4%	70.6%	71.6%	81.3%	74.5%	71.9%	85.0%	73.2%	71.6%	71.0%	71.9%	75.7%	
Training	Mandatory training compliance (Target: >90%)	79.2%	79.6%	80.8%	80.2%	85.9%	85.5%	85.4%	85.6%	85.0%	84.7%	84.8%	84.8%	84.9%	
	Health and Safety training (Target: >90%)	87.4%	88.0%	86.8%	86.2%	89.3%	86.1%	80.7%	88.2%	88.1%	87.3%	84.5%	86.6%	87.0%	
	Safeguarding training - adults (Target: 100%)	82.0%	84.8%	86.2%	96.0%	91.6%	92.7%	93.2%	91.8%	85.6%	87.8%	88.8%	87.4%	94.5%	
	Safeguarding training - children (Target: 100%)	68.7%	70.6%	74.6%	92.6%	89.4%	89.2%	89.5%	83.1%	76.5%	77.6%	80.2%	78.1%	88.1%	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea & Westminster commentary

Staff in post

In March the Trust substantive staff in post was 3228.02 WTE (whole time equivalents), 167.93 (5%+) higher than March 15.

The largest annual increases were in the Medicine directorate (87.53), and the Nursing & Midwifery staff group (93.35).There were 37 voluntary leavers and 39 joiners (excluding Jnr Docs) over the month

Staff turnover rate

Unplanned staff turnover is 1.30% *lower* than one year ago, dropping from 19.13% (Apr 14 – Mar 15) to 17.83% (Apr 15 – Mar 16). Cumulative turnover cannot reduce significantly in a short space of time due to the nature in which it is calculated, but the general trend since May 2015 has been downwards.

Vacancy rate

The Trust vacancy rate for March 2016 was10.08%, 1.39% lower than last year, and below the annual target rate of 12%. This is within the context of a budget increase of 4% in one year.

The Trust aims to reduce the Nursing and Midwifery vacancy rate (currently 12.91%) to 5%, with timescales and trajectory to be agreed at the Nursing & Midwifery Workforce Group over coming months.

A truer measure of vacancies is the number of posts being actively recruited to, based on the WTE of posts advertised on NHS jobs (2.54%, i.e. 91 WTE). The month saw bulk recruitment for band 5 nurses in A&E.

The average time to recruit (from authorisation date to the date all pre-employment checks are complete) for March 16 starters was 51 days, below the Trust target of <55days

The Midwifery Open Day held on the 6th Feb was a huge success with 22 candidates offered posts across the two sites. Of the 22 appointed 7 were for West Mid, 14 for CW and 1 for PMU. Staff recruited are a mixture of experienced band 6's, experienced band 5's and students qualifying this year.

West Middlesex commentary

Vacancy rate

The vacancy factor rate for WMUH at the end of the financial year 2015/16, March 2016 was 10.52%, which was an increase of 0.61% when compared with previous month. Within the qualified nursing staff group, it was 10.52%, which was also an increase of 1.5% when compared with the previous month.

Staff turnover rate

The turnover figure for the last 12 months (April 2015 to March 2016), was 11.61%.

The total number of unplanned staff leavers seen in this period was 233. This was an increase of 46 staff leavers, when compared with the pervious same time period (April 2014 to March 2015).

WMUH has seen its turnover rate increase since June 2015, month by month when compared with the previous year. Since the acquisition (1st September 2015), there has been an average monthly increase of 1.68%.The highest turnover percentages, was seen in the Corporate Service areas with a total 15.03%, whilst the total turnover for the Clinical Divisions was 11.29%.

The HR team continues to work with the Divisions to develop retention plans and ensure the on-going strategy for recruitment.

The top 3 leaving reasons provided in this period were (1) 'Voluntary Resignation – Relocation', (2) 'Voluntary Resignation - Other/Not Known', (3) 'Voluntary Resignation - Work Life Balance'.

Sickness absence

The total sickness absence rate for March 2016 was 1.73%, which was a positive decrease of 0.73% when compared with the previous month. The total cumulative sickness rate between the period of April 2015 to March 2016, was 2.33%. Both these figures continue to sit under the trust target of 2.7%. HR and Occupational Health actively review absence % at departmental and individual level, and this is also monitored through divisional meetings.

Chelsea & Westminster commentary continued

Bank and Agency usage

Temporary staffing made up 12.8% of the total workforce in March 16, compared to 12.5% a year ago. Agency WTE as a % of workforce rose from 3.3% to 4.0%, while Bank dropped from 9.2% to 8.8%. The majority of the increase in agency usage was in response to increases in activity.

Relative to substantive WTE, the highest agency use was in Medicine, NICU and the nursing & midwifery staff group. The highest bank usage (relative to substantive wte) was in Adult Outpatients, and the Additional Clinical Service staff group.

The Nursing Temporary Staffing Challenge Board continues to scrutinise requests for nursing and Admin agency staff. A further Medical Temporary Staffing Challenge Board is in place to scrutinise medical requests.

Appraisals

The non-medical appraisal rate remained at 71%, below target for the month. Key areas have been identified where appraisal rates are low and action plans instigated by the Divisional Directors of Operations

There will be continuing monitoring by the Learning and Organisational Development Department with an action plan to reach 85% compliance by end of June 2016

Mandatory Training

The 2015/16 financial year closed with Mandatory Training Compliance for the 10 core topics standing at 81%. This matches the 81% compliance achieved at the same period last year and can be viewed positively based on the changes to specifications that took place over the last 12 months.

Conflict Resolution compliance has increased from 25% to 79% over the year, Fire training has also considerably increased from 62% to 78%, and Moving & Handling has increased from 71% to 83%. Health & Safety compliance marginally improved, from 84% to 87%. The delivery method for Safeguarding Adult & Children Level 1 changed in Dec 15, moving from a yearly payslip leaflet attachment to an E-learning module, compliance currently standing at 87% and 75% respectively

The L&D Team continue to provide direct support to staff with their e-learning, and training room based learning continue to fill at pace. A target to achieve 95% compliance across all topics has been set to be achieved by the end of Q1 in 2016/17.

National NHS Staff Survey 2015

Key findings from the 2015 Staff Survey results have been collated for both sites. Areas for improvement at both sites relate to Bullying and Harassment, Discrimination, and Violence and Aggression within the workplace. A working group has been set up to target hotspot areas. Localised action plans will be drafted to target these issues in the coming months.

West Middlesex commentary continued

Appraisal completion rate - Non-Medical staff

Overall target is changed from 90% to 85%. As previously reported, there is a seasonal drop in appraisal completions during Q4, with an expected upturn during Q1. (WMUH)

Mandatory Training compliance

Current reporting is based on the 10 Pan-London Streamlining topics which now provide a consistent comparison with other Trusts. Remains slightly below the WMUH 90% target, but progressing towards the required 95% (WMUH)

Safeguarding training – adults

Due to TNA change for level 2 the compliance dropped to 12% but with monthly f2f sessions and e-Learning modules steady improvement is anticipated.

Work is on-going to define requirements at L3 which is likely to have a negative impact on compliance figures in the first months of reporting until designated staff completes the necessary training.

Figures include staff who have completed Levels 2 & 3 as this training also gives compliance at L1. (WMUH)

Safeguarding training – children

Steady improvement as anticipated. Figures include those staff who have completed Levels 2 & 3 as this training also gives compliance at L1. (WMUH)

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster NHS Foundation Trust					West Middlesex University Hospital					Combined Trust Performance					Trust data 13 months
Domain	Tumour site	Jan-16	Feb-16	Mar-16	2015-2016	YTD breaches	Jan-16	Feb-16	Mar-16	2015-2016	YTD breaches	Jan-16	Feb-16	Mar-16	2015-2016 Q4	2015-2016	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	97.8%	2	100%	100%	100%	100%	97.8%	2	
	Colorectal / Lower GI	50.0%	100%	100%	80.9%	4.5	100%	80.0%	83.3%	85.2%	4	75.0%	88.9%	87.5%	85.7%	83.2%	8.5	
	Gynaecological	n/a	100%	n/a	75.9%	3.5	100%	100%	100%	90.4%	2.5	100%	100%	100%	100%	85.2%	6	
	Haematological	100%	n/a	n/a	93.3%	0.5	n/a	100%	100%	88.1%	2.5	100%	100%	100%	100%	89.5%	3	
	Head and neck	n/a	n/a	n/a	100%	0	0.0%	100%	100%	89.3%	1.5	0.0%	100%	100%	77.8%	90.6%	1.5	
	Lung	n/a	100%	100%	100%	0	100%	100%	100%	88.0%	1.5	100%	100%	100%	100%	95.5%	1.5	
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a	0.0%	0.5	n/a	n/a	n/a	n/a	0.0%	0.5	
	Skin	100%	100%	100%	100%	0	100%	100%	93.8%	97.0%	2	100%	100%	94.7%	97.2%	98.4%	2	
	Upper gastrointestinal	100%	100%	100%	96.4%	0.5	100%	n/a	75.0%	91.2%	1.5	100%	100%	83.3%	91.7%	93.5%	2	
	Urological	100%	36.4%	82.4%	65.9%	14.5	83.3%	83.3%	n/a	87.9%	6.5	85.7%	52.9%	82.4%	70.7%	78.1%	21	
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a	83.3%	1	n/a	n/a	n/a	n/a	83.3%	1	
	Site not stated	n/a	n/a	0.0%	80.0%	0.5	n/a	n/a	n/a	n/a		n/a	n/a	0.0%	0.0%	80.0%	0.5	

Please note the following	n/a	Will refer to those indicators where there is no data to report. Such months will not appear in the trend graphs. A blank in a breach cell indicates no activity year to date.

Chelsea and Westminster commentary

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West Middlesex commentary

Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster NHS Foundation Trust

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	79.2%	81.4%	70.7%	75.4%
Annie Zunz	119.5%	338.3%	146.7%	296.7%
Apollo	82.9%	58.1%	92.3%	-
Jupiter	109.2%	31.1%	133.0%	25.2%
Mercury	68.0%	93.5%	94.2%	90.3%
Neptune	64.7%	77.4%	92.2%	80.6%
NICU	90.9%	-	88.4%	-
AAU	99.7%	84.2%	130.9%	109.7%
Nell Gwynn	92.2%	71.3%	139.8%	100.0%
David Erskine	94.4%	151.7%	103.3%	119.4%
Edgar Horne	97.2%	110.5%	114.0%	114.5%
Lord Wigram	91.2%	115.1%	101.1%	135.5%
St Mary Abbots	90.9%	129.0%	108.8%	156.4%
David Evans	74.4%	94.7%	97.6%	109.3%
Chelsea Wing	83.0%	756.1%	104.8%	67.7%
Burns Unit	94.9%	92.9%	100.0%	108.6%
Ron Johnson	84.7%	116.1%	92.5%	101.6%
ICU	98.7%	-	98.7%	-

West Middlesex University Hospital

Ward Name	Day		Night	
	Average fill rate Registered Nurses	Average fill rate care staff	Average fill rate Registered Nurses	Average fill rate care staff
Maternity	98.8%	92.8%	98.9%	93.5%
Lampton	114.7%	94.8%	100.0%	101.6%
Richmond	89.2%	101.8%	94.7%	109.7%
Syon 1	95.6%	111.2%	99.2%	100.0%
Syon 2	96.5%	101.4%	98.9%	101.5%
Starlight	108.4%	-	110.9%	-
Kew	109.0%	101.6%	100.0%	150.0%
Crane	115.1%	87.1%	98.9%	135.5%
Osterley 1	94.7%	127.1%	92.5%	116.4%
Osterley 2	108.8%	108.6%	100.8%	114.0%
MAU	98.0%	136.9%	112.0%	102.2%
CCU	94.3%	116.7%	98.4%	-
Special Care Baby Unit	100.4%	100.0%	100.7%	100.0%
Marble Hill	97.2%	115.5%	100.2%	106.5%
ITU	97.3%	-	99.5%	-

Summary for March 2015

NHS England and NHSI have confirmed that they will be updating the guidance on the production of this information and be refreshing the National Quality Board Expectations and Hard Truths Reporting on Safe Staffing. They are likely to bring the requirements in line with the recommendations from Carter and will be asking for additional information relating to CHPPD (care hours per patient day) and number of patients.

This will go some way to address the fact that this data is indeed meaningless without knowing how many patients were being cared for at the time the 'actual' measure was taken.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

CQC Action Plan Dashboard

Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17	-	-
Trust-wide actions: Learning disability	4	4	-	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	4	1	-
Trust-wide actions: End of life care	26	25	1	-
Emergency and Integrated Care	33	32	-	1
Planned Care	55	53	2	-
Women & Children, HIV & GUM	35	35	-	-
Total	189	184	4	1
February 2016 position for comparison	189	182	6	1

Chelsea and Westminster Commentary

Medicines management: Safe medication storage remains an issue. This is being addressed through training and the use of the senior nursing team Back to Floor Fridays in auditing practice.

End of life care: The End of Life Care team is being reviewed across both sites with recruitment planned to increase cover.

Emergency and Integrated Care: The outstanding action relates to care for Mental Health patients in an appropriate place and reducing waits for mental health placements. This remains a priority and C&W are working with local mental health providers to this end.

Planned Care: ICU transfers overnight remain an issue due to capacity issues within the Unit. A new build is planned to address capacity.

The use of Choose & Book for booking appointments remains low. The new Access Team will be addressing this.

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must Have Should Do's	33	30	2	1	-
Children's & Young Peoples	32	28	4	-	-
Corporate	2	2	-	-	-
Critical Care	27	27	-	-	-
ED- Urgent & Emergency Services	17	16	-	1	-
End of Life Care	32	10	18	4	-
Maternity & Gynae	22	22	-	-	-
Medical Care (inc Older People)	19	18	-	1	-
Surgery	26	26	-	-	-
Theatres	15	15	-	-	-
OPD & Diagnostic Imaging	14	11	3	-	-
Total	239	205	27	7	-
February 2016 position for comparison	239	198	34	7	-

West Middlesex Commentary

A deep dive into end of life care has been undertaken in March and this has been presented to the End of Life Steering Group and will be presented to the Care Quality Group in April 16. With the exception of End of Life Care there are only 12 remaining actions outstanding; some of these are dependent on recruitment, capital work or wider health response. The remainder require audit results or training stats and are likely to be finalised during the month of April.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Finance Dashboard

Month 12 (March) Integrated Position

Financial Position (£000's)

	Combined Trust			CW			WM		
	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date
Income	509,762	523,854	14,092	404,687	412,666	7,979	105,074	111,187	6,113
Expenditure	(486,980)	(503,757)	(16,776)	(384,914)	(395,342)	(10,429)	(102,067)	(108,414)	(6,348)
EDITDA	22,781	20,097	(2,685)	19,774	17,324	(2,450)	3,008	2,773	(235)
EBITDA %	4.469%	3.836%	-0.63%	4.9%	4.2%	0.7%	2.9%	2.5%	-0.4%
Interest/Other Non OPEX	(4,026)	(3,286)	741	(1,055)	(766)	289	(2,972)	(2,520)	452
Depreciation	(17,211)	(15,332)	1,880	(14,089)	(12,214)	1,875	(3,122)	(3,118)	5
PDC Dividends	(12,668)	(10,378)	2,290	(11,421)	(9,131)	2,290	(1,248)	(1,247)	1
Surplus/(Deficit) Before Impairment/Gains on absoprtion	**(11,124)**	**(8,899)**	**2,226**	**(6,790)**	**(4,787)**	**2,004**	**(4,334)**	**(4,112)**	**222**
Impairment	0	(59,735)	(59,735)	0	(56,083)	(56,083)	0	(3,652)	(3,652)
Gain on Transfer Aborptic	0	73,909	73,909	0	73,909	73,909	0	0	0
Surplus/(Deficit)	**(11,124)**	**5,275**	**16,399**	**(6,790)**	**13,039**	**19,830**	**(4,334)**	**(7,764)**	**(3,430)**

Comments RAG rating

In March CWFT (CW site and WM site) reported a YTD £8.9m deficit (Excluding impairment/gain on absorption) and £5.3m surplus (including impairment/gain on aborption).

The YTD favourble variance (before impairment /gain on aborption) of £2.2m is mainly due to the reduced dividend charge from the revaluation.

CW Site (before impairment/gain on absorption) YTD £2.0m favourable variance. Overperformance in income (mainly clinical) and underspends in non-opex (due to depreciation and interest charges for the Transaction which have not transpired) were offset against increases in operating costs within pay (CIP undelivery) and higher non-pay.

WW Site (before impairment/gain on absorption) YTD £0.22m favourable variance. Overperformance in clinical income were offset against cost pressures for increased temporary staffing and non-pay.

Risk rating (year to date) C&W only

FSRR	M12 Plan	M12 Actual
FSRR Rating	2	2

Comments RAG rating

The Overall FSRR rating for month 12 is 2 (against a plan of 2). This is mainly due to the I&E margin which is a deficit, and therefore the maximum that the Trust can achieve is a 2.

Cost Improvement Programme (CIPs)

Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
CWFT	1,286	906	(380)	10,097	9,423	(673)
WMUH	695	859	164	7,200	6,638	(561)
Merger synergies	347	347	0	1,275	1,275	0
Trust Total	2,328	2,113	(215)	18,572	17,337	(1,235)

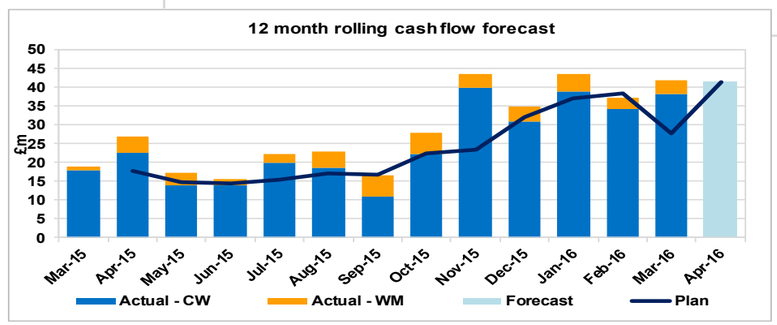
Comments RAG rating

CW Site - £0.38m adverse in month 12 and YTD adverse £0.67m. This is mainly related to shortfalls in theatres, outpatients, pay controls, management structure, corporate back office and LOS.
WM Site - £0.16m favourable against the plan in month 12 and £0.56m adverse YTD. The in month favourable variance relates to bed management and the YTD shortfall mainly relates to bed management, temporary staffing & recruitment, income opportunities and divisional CIPs.
Merger synergies - £0.35m were achieved in month 12, and £1.2m YTD in line with the plan.

Cash Flow

Comments RAG rating

The combined cash balance at the end of month 12 is £41.9m (CW Site £38.1m, WM site £3.8m), £14.1m above combined plan of £27.8m.



Chelsea and Westminster Hospital NHS
NHS Foundation Trust

CQUIN Dashboard

West Middlesex University Hospital

Note: The table below refers to West Middlesex Hospital only. Chelsea and Westminster will remain on a separate contract until the end of the 2015/2016 financial year which does not include such a requirement.

National CQUINs

			Forecast			
No.	**Description of goal**	**Responsible Executive (role)**	**Q1**	**Q2**	**Q3**	**Q4**
N1	Acute kidney infection	Medical Director	G	G	A	G
N2	Sepsis (screening)	Medical Director	G	G	G	G
N2	Sepsis (antibiotic administration)	Medical Director	n/a	G	G	A
N3.1	Dementa & delirium: find, assess, investigate, refer & inform	Director of Nursing	G	G	G	G
N3.2	Dementa & delirium: staff training	Director of Nursing	G	G	A	A
N3.3	Dementa & delirium: improving discharge timeliness & process	Director of Nursing	G	G	G	G
N4	UEC: improving discharge timeliness & process	Director of Operations	n/a	n/a	A	A

Regional CQUINs

			Forecast			
No.	**Description of goal**	**Responsible Executive (role)**	**Q1**	**Q2**	**Q3**	**Q4**
R1.1	IT: shared patient records & real time information systems	Finance Director	G	G	G	G
R1.2	IT: diagnostic cloud across the NW London health economy	Finance Director	G	G	G	G
R1.3	IT: diagnostic cloud link to Ashford & St. Peter's	Finance Director	n/a	G	n/a	G
R2.1	OP referrals: reducing inappropriate referrals & face to face appts	Director of Operations	n/a	G	A	A
R3.1	7 day multi-disciplinary assessment (Acute)	Director of Operations	n/a	G	n/a	G
R3.2	7 day multi-disciplinary shift handover (Acute)	Director of Operations	n/a	G	n/a	G
R3.3	7 day diagnostics (Acute)	Director of Operations	n/a	G	n/a	G

Local CQUINs

			Forecast			
No.	**Description of goal**	**Responsible Executive (role)**	**Q1**	**Q2**	**Q3**	**Q4**
L1	Catheter care	Director of Nursing	G	G	G	G

West Middlesex commentary

The West Middlesex site specific CQUIN schemes have delivered above expectation. Evidence of achievement of Q4 milestones is being collated for submission to CCGs, so this assessment is based on the Trust's view and is unvalidated. Estimated income earned is £2.118M against £2.342M available (90%). These values are based on the 15/16 plan figures and exclude overperformance so overall earnings are expected to be higher, and are above the forecast values.

N1 & N2 The A&E department use of the standardised Sepsis screening tool is now embedded. Timeliness of antibiotic administration has improved significantly, but fell short of the 90% target. This scheme remains in place in the 16/17 National CQUIN so will continue to be an area of focus. The IT system change to facilitate improvement in communication with GPs for patients with Acute Kidney Injury went live on 16th March, and was successful in delivering a step change improvement and achievement of the Q4 milestone.

N3 E&IC division have maintained the screening, response and referral protocols. Securing medical engagement with Dementia and Delirium training has continued to be challenging, with Q4 milestones missed, albeit marginally. A revised focus on training at medical induction will be adopted in 16/17.

N4 Urgent Care – The proportion of North West London patients staying over 21 days comfortably achieved the stretch target set by CCGs, reflecting the excellent system-wide improvement work on discharge during 15/16. A&E all types performance has on average exceeded 95% for both Saturdays and Sundays for the whole year including a challenging quarter 4. A&E all types performance on Mondays remains problematic and the Q4 milestone was not achieved.

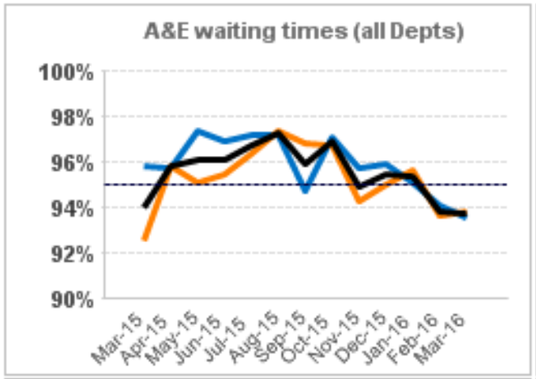
R1 IT Schemes – All schemes delivered in full achieving 100% of income available.

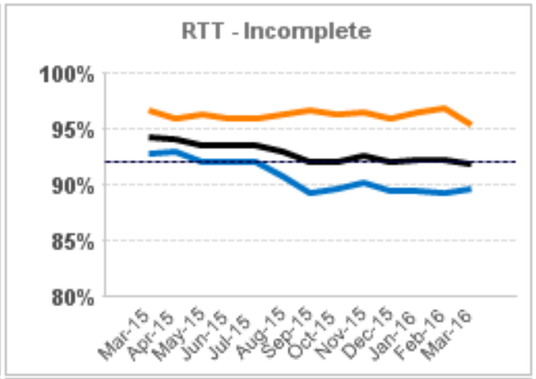
R2 The new Paediatric telephone clinic channel was successfully achieved the incremental increase in levels of activity in Q4. Paediatrics have all also maintained the required levels of referral triaging. Other specialities have not maintained the required volume in Q4, hampered by an unexpected change by Hounslow Referral Facilitation Service to their IT system which prevented Trust staff from accessing the triage system. The Trust has raised this with the CCG as mitigation for Q4 performance below target.

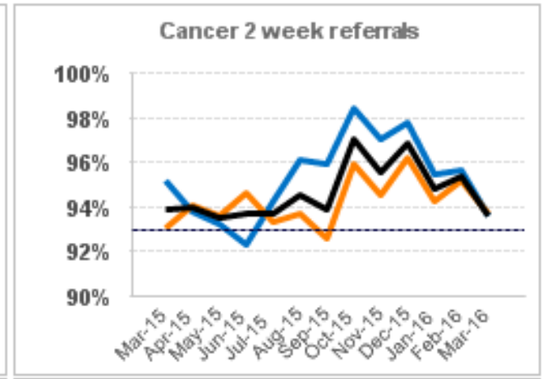
R3 Both 7 day MDT Assessment and Handover CQUIN schemes were delivered in full. The 7 day diagnostic CQUIN was not met as the investment required to achieve it was not value for money with only £9k of income available as an incentive. Access to 7 day echocardiography will be enabled following the opening of the Cardiac catheter lab at WMUH in Q2 16/17.

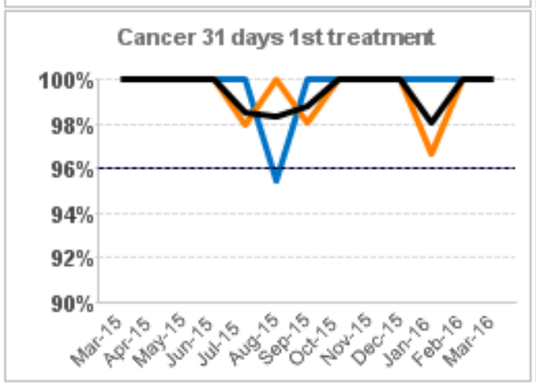
Regulatory Compliance

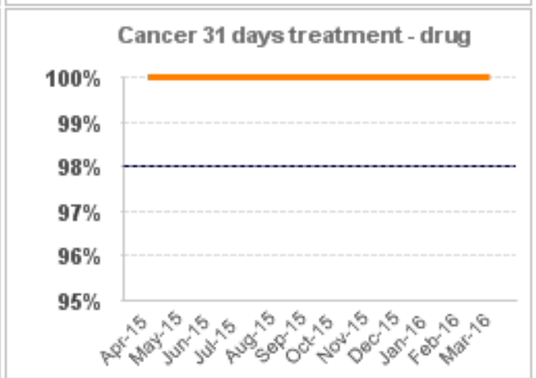
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1	94.1	93.6	95.6	93.7	93.8	95.4	93.9	93.7	94.3	95.6	
RTT - Incomplete (Target: >92%)	89.4	89.2	89.6	96.4	96.9	95.4	92.1	92.2	91.8	92.0	92.7	
Cancer 2 week urgent referrals (Target: >93%)	95.5	95.6	93.6	94.3	95.2	93.7	94.8	95.4	93.7	94.6	94.7	
Cancer 31 days first treatment (Target: >96%)	100	100	100	96.7	100	100	98.0	100	100	99.3	99.5	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100	100	n/a	100	100	n/a	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Cancer 62 days GP ref to treatment (Target: >85%)	93.3	72.0	89.5	92.5	93.8	97.4	92.7	86.3	93.5	90.7	90.3	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	33.3	50.0	100.0	33.3	50.0	55.6	85.4	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	1	0	0	2	1	1	3	1	1	5	17	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	N/C	N/C	Comp	N/C	N/C	Comp	Comp	Comp	

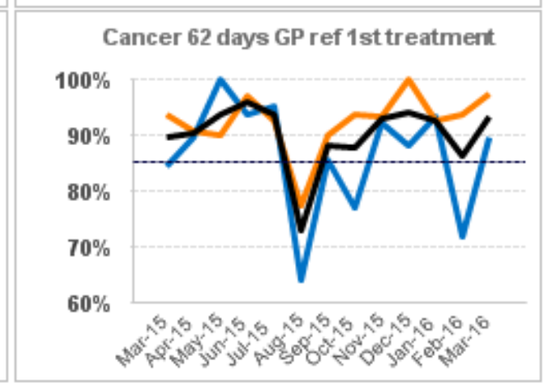




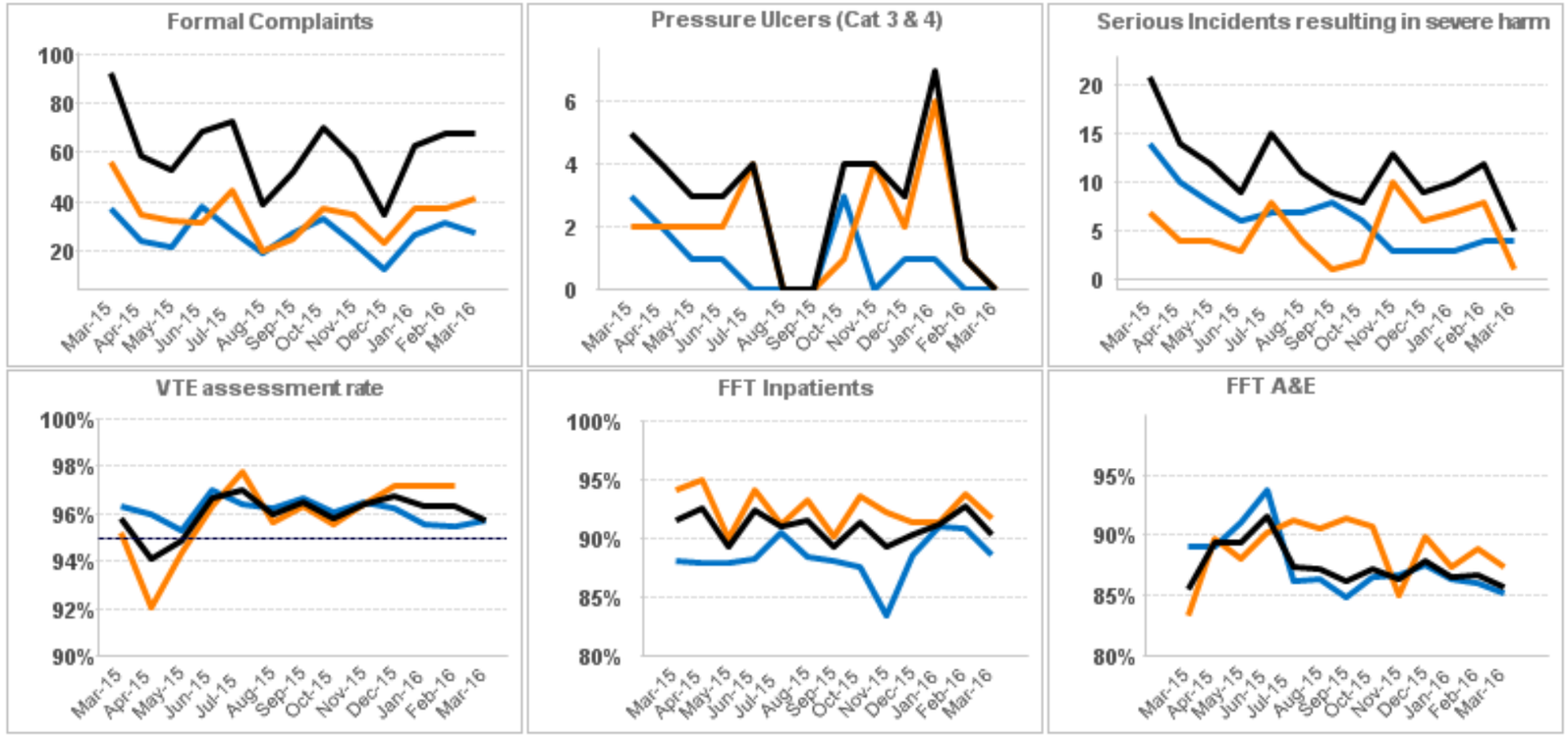






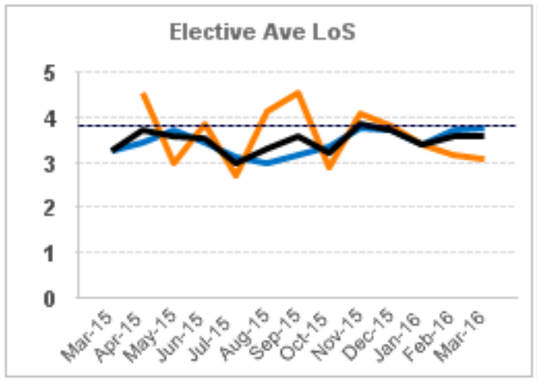


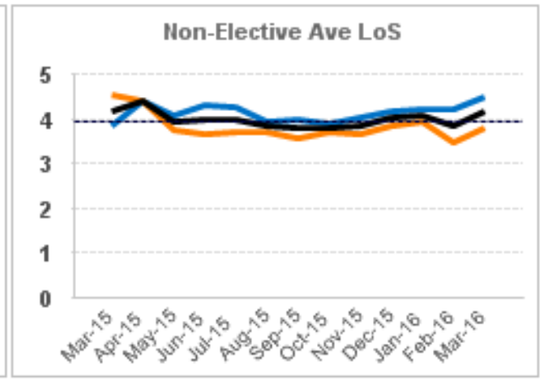
Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.3	94.7	94.1	99.5	99.6	99.5	97.0	96.9	96.3	96.7	97.8	
Pressure Ulcers (Cat 3 & 4)	1	0	0	6	1	0	7	1	0	8	33	
VTE assessment % (Target: >=95%)	95.5	95.5	95.7	97.2	97.2		96.3	96.3	95.7	96.2	96.1	
Formal complaints number received	26	31	27	37	37	41	63	68	68	199	707	
Formal complaints responded to <25days	17	18	5	13	21	5	30	39	10	79	435	
Serious Incidents	3	4	4	7	8	1	10	12	5	27	127	
Never Events (Target: 0)	0	0	1	0	0	0	0	0	1	1	3	
FFT - Inpatients recommend % (Target: >90%)	91.1	90.9	88.6	91.3	93.8	91.7	91.2	92.7	90.4	91.5	91.0	
FFT - A&E recommend % (Target: >90%)	86.4	86.1	85.3	87.4	88.9	87.3	86.6	86.7	85.7	86.4	87.2	
Falls causing serious harm	0	0	0				0	0	0	0	1	

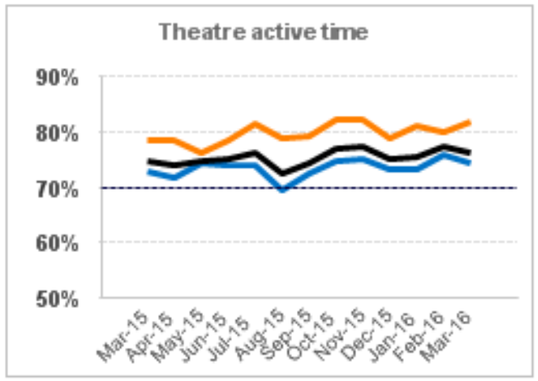


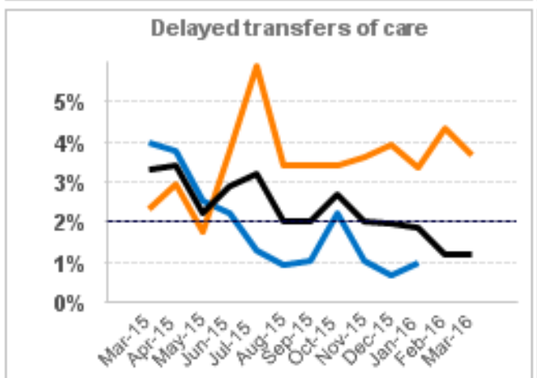
Efficiency

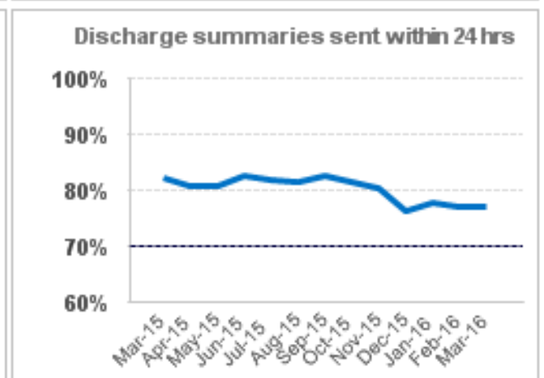
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.4	3.7	3.7	3.4	3.2	3.1	3.4	3.6	3.6	3.5	3.5	
Non-Elective average LoS (Target: <3.95)	4.2	4.2	4.5	3.9	3.5	3.8	4.1	3.8	4.1	4.0	4.0	
Theatre active time (Target: >70%)	73.3	75.9	74.2	81.1	79.8	81.7	75.6	77.1	76.3	76.3	75.5	
Delayed transfers of care (Target: <2%)	0.99	0.00	0.00	3.34	4.33	3.67	1.87	1.19	1.20	1.43	2.23	
Discharge summaries sent within 24 hours (Target: >70%)	77.8	76.9	77.1	dev	dev	dev	77.8	76.9	77.1	77.3	80.0	
Outpatient DNA rates (Target: <11.1%)	10.7	10.7	11.1	10.6	9.3	9.2	10.7	9.9	11.1	10.4	11.0	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	0	0	0	0	0	0	0	0	0	14	

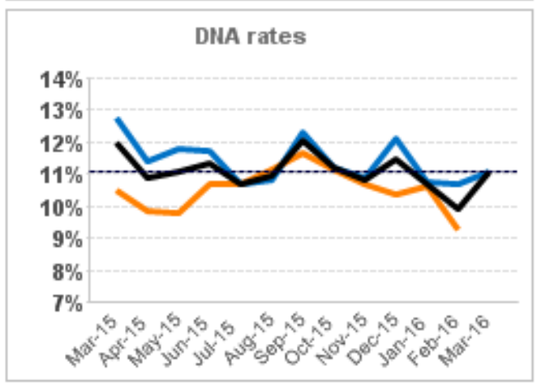






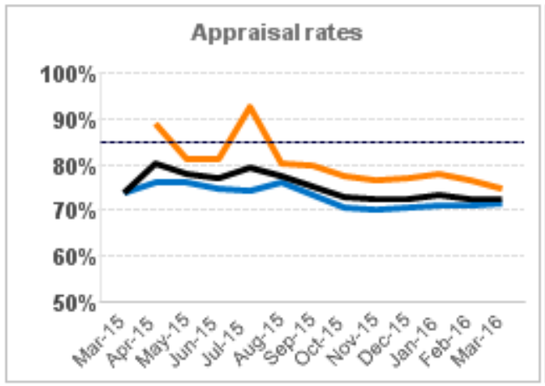


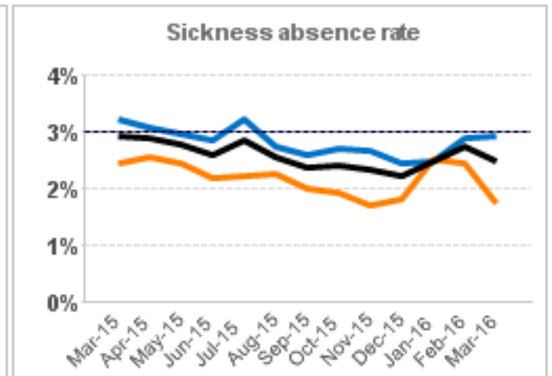


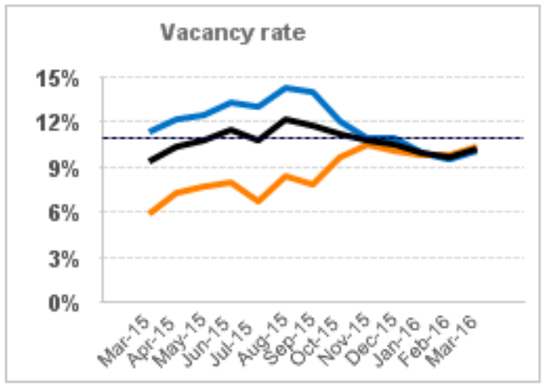


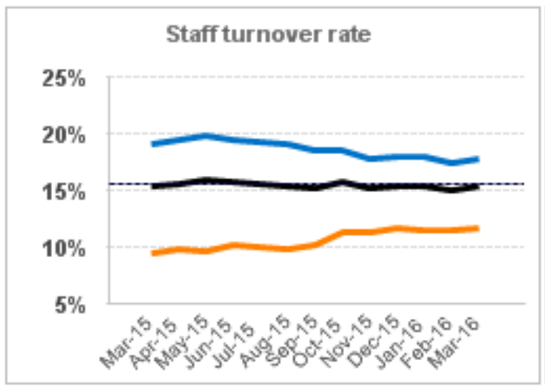
Workforce

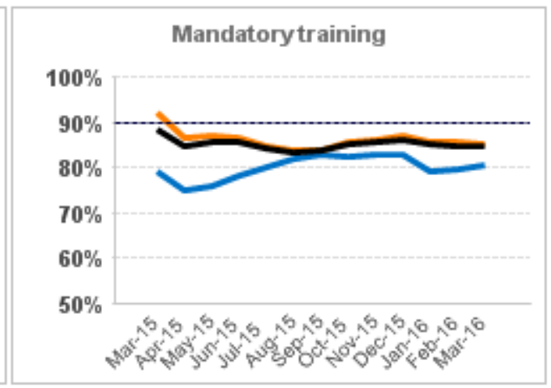
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Jan-16	Feb-16	Mar-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	71.1	70.9	71.4	78.2	76.4	74.9	73.3	72.7	72.5	72.8	75.3	
Sickness absence rate (Target: <3%)	2.48	2.88	2.92	2.50	2.46	1.73	2.49	2.73	2.49	2.57	2.55	
Vacancy rates (Target: CW<12%; WM<10%)	10.0	9.5	10.1	9.7	9.8	10.4	9.9	9.6	10.2	10.2	10.2	
Turnover rate (Target: CW<18%; WM<11.5%)	17.9	17.4	17.8	11.5	11.5	11.6	15.4	15.1	15.4	15.4	15.4	
Mandatory training (Target: >90%)	79.2	79.6	80.8	85.9	85.5	85.4	85.0	84.7	84.8	84.8	84.9	
Bank and Agency spend (£ks)	£2,504	£2,789	£2,781	£1,542	£1,741	£1,683	£4,045	£4,529	£4,463	£13,038	£50,015	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	7.9	7.3	8.0	11.5	10.9	9.2	9.3	8.7	8.4	8.8	10.3	

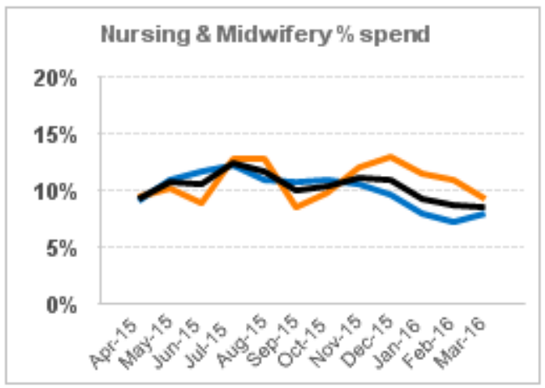












Chelsea and Westminster Hospital NHS
NHS Foundation Trust

62Day Cancer Performance following Referral from a Screening Service

1.0 Introduction

The Trust provides a Breast Cancer treatment service on its West Middlesex University Hospital (WMUH) site which receives referrals from the Breast Screening service providers covering the Hounslow and Richmond populations. Performance against the 62 day referral to treatment standard for this service was below the 90% target in Quarter 4 and for the year 2015/16. This paper summarises the reasons for that failure.

2.0 Service Performance in 2015/16

The Trust treated 41 patients in 2015/16. Of these 85% were treated within the 62 day standard against the target of 90%. The four of the six patients who were treated after day 62 were referred to the Trust having already passed 62 days on their pathway. The other two patients who failed the standard were both referred to the Trust after day 45 of their pathway.

The Trust also received two further "late" referrals (after day 34). In these cases, the patients were both treated within the 62 day standard. All 8 late referrals were from the same Breast Screening provider, Imperial Healthcare NHS Trust.

The quarterly breakdown of the Trust's performance is as follows:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Patients Treated	9	10	15	10
Patients treated within 62 days	7	10	15	6
% treated within 62 days	77.8%	100%	100%	60%

The pathway details for all 41 patients is attached in Appendix A

3.0 Action Taken

The Trust has escalated the referral delays to Imperial Healthcare at both operational and Senior Executive level. The Trust has requested that Imperial take full responsibility for patient breaches rather than sharing them but this has not been agreed as Imperial have confirmed that all late referrals were due to patient choice.

Imperial: The Trust requested that Imperial investigate the issue of late referrals and it is clear from the outcome of their investigation that the majority of late referrals from them were due to patient choice, with long delays due to pre-planned patient holidays. Imperial are tackling this issue by

asking their team to reinforce the importance of patients making themselves available if they are called back at the start of the screening process.

Joint: A weekly shared patient tracking list (PTL) meeting is held between Imperial and our Trust and a section of this meeting is dedicated to screening patients. This enables both ourselves and Imperial to monitor and track patients progress and ensure both organisations are clear on where the patient is in the pathway and what the next steps are for the patient, working to move patients through their pathway efficiently.

Trust: Screening patients are also reviewed at the weekly internal Trust PTL meeting, which is attended by the Breast MDT Coordinator, Trust Cancer Manager, Radiology and Pathology representation along with the Service Manager responsible for Breast Services. Any delays or complications in the patient's pathway are escalated at this meeting (or prior to it if urgent) and acted upon.

Andy Howlett, Deputy Director of Performance, Information & Contracting 28/4/2016

Appendix A Patients Treated in 2015/16

Patient	Referring Screening Provider Trust	Day received by Treating Trust (WMUH)	Day Treated	Date Treated	Treatment	Days from receipt of referral to treatment
1	Imperial College Healthcare	162	191	09/04/2015	Surgery	29
2	Imperial College Healthcare	20	58	09/04/2015	Surgery	38
3	St George's Hospital	29	62	14/04/2015	Hormone Therapy	33
4	Imperial College Healthcare	26	55	15/04/2015	Hormone Therapy	29
5	Imperial College Healthcare	44	58	07/05/2015	Surgery	14
6	St George's Hospital	15	61	14/05/2015	Surgery	46
7	Imperial College Healthcare	46	65	20/05/2015	Hormone Therapy	19
8	Imperial College Healthcare	23	51	11/06/2015	Surgery	28
9	Imperial College Healthcare	24	57	11/06/2015	Surgery	33
10	St George's Hospital	17	51	18/09/2015	Surgery	34
11	St George's Hospital	20	34	16/07/2015	Surgery	14
12	Imperial College Healthcare	20	50	30/07/2015	Surgery	30
13	St George's Hospital	20	58	30/07/2015	Surgery	38
14	Imperial College Healthcare	17	39	28/08/2015	Hormone Therapy	22
15	Imperial College Healthcare	34	62	24/09/2015	Surgery	28
16	Imperial College Healthcare	21	55	30/09/2015	Hormone Therapy	34
17	Imperial College Healthcare	36	58	01/10/2015	Surgery	22
18	Imperial College Healthcare	19	42	08/10/2015	Surgery	23
19	Imperial College Healthcare	20	35	15/10/2015	Surgery	15
20	Imperial College Healthcare	19	43	15/10/2015	Surgery	24
21	St George's Hospital	14	35	15/10/2015	Surgery	21
22	Imperial College Healthcare	13	49	22/10/2015	Surgery	36
23	St George's Hospital	14	38	29/10/2015	Surgery	24
24	St George's Hospital	18	49	05/11/2015	Surgery	31
25	Imperial College Healthcare	20	49	05/11/2015	Surgery	29
26	Jarvis Breast Centre - Ashford	13	49	05/11/2015	Surgery	36
27	Imperial College Healthcare	21	51	12/11/2015	Surgery	30
28	St George's Hospital	15	51	27/11/2015	Surgery	36
29	Imperial College Healthcare	20	42	10/12/2015	Surgery	22
30	Imperial College Healthcare	21	43	10/12/2015	Surgery	22
31	Imperial College Healthcare	22	50	29/12/2015	Hormone Therapy	28
32	Imperial College Healthcare	18	55	14/01/2016	Surgery	37

33	St George's Hospital	17	45	21/01/2016	Surgery	28
34	St George's Hospital	23	44	04/02/2016	Surgery	21
35	Imperial College Healthcare	70	85	25/02/2016	Surgery	15
36	Imperial College Healthcare	48	84	26/02/2016	Hormone Therapy	36
37	Imperial College Healthcare	112	149	18/03/2016	Surgery	37
38	Imperial College Healthcare	23	52	18/03/2016	Surgery	29
39	St George's Hospital	18	59	24/03/2016	Surgery	41
40	Imperial College Healthcare	88	120	31/03/2016	Surgery	32
41	Imperial College Healthcare	22	41	31/03/2016	Surgery	19

Board of Directors Meeting, 5 May 2016

PUBLIC

AGENDA ITEM NO.	10/May/16
REPORT NAME	Administration Improvement Programme (AIP) Update – Month 1 2016/17
AUTHOR	Shola Adegorye, Divisional Director, Planned Care
LEAD	Karl Munslow-Ong, Deputy Chief Executive
PURPOSE	Summary overview and assurance to the Trust Board on progress made during April 2016
SUMMARY OF REPORT	The Administration Improvement Programme is a programme of modernisation and innovation across the new integrated organisation to create an efficient and effective clinical and administrative support infrastructure; and is part of the Integration and Transformation Programme (ITP). The improvements will ensure the best possible experience and outcomes for patients across outpatients, admissions, wards and the Emergency Department. The restructuring and rescaling of the service will be supported by a series of initiatives and good practice redesign methodology. On April 11 2016 the programme launched a formal engagement process **(1)** alongside a deep dive into financial and resourcing to triangulate ESR, financial and new model workforce components in addition to optimising financial opportunities **(2).** An automated KPI dashboard continues to be developed however a broad range of indicators are locked down and monitored weekly by the AIP Steering Group **(3).** A focused Learning & Development workstream has been established to develop an in-house administration training programme to focus on customer care, technology and leadership development which aims to support a highly skilled, professional and flexible administration workforce. A feasibility exercise is also being undertaken to assess the benefits of the introducing a formal Apprenticeship Scheme across the Trust **(4).** The formal Consultation Paper is planned for release on 6 June 2016, completing 8 July 2016. The Consultation Response will be published in July 2016 with phased implementation commencing at the beginning of August 2016 with full transition anticipated to complete by end September 2016 **(5).** The programme also supports immediate actions to address performance challenges in relation to call response times and as such several immediate corrective measures have implemented **(6)**. The programme will brief the Quality Committee on the planned quality improvement elements of the programme and also undertake a deep dive session with the Finance Investment Committee.

KEY RISKS ASSOCIATED	Risks being managed at programme level. No risk rating requires recording at higher level. Risk around keeping staff engaged with process being mitigated via engagement plan prior to consultation process
FINANCIAL IMPLICATIONS	Invest to save programme approach with resources to support the design, engagement and consultation processes.
QUALITY IMPLICATIONS	Quality Impact Assessment carried out. Programme of improvements to deliver benefits to range of stakeholders
EQUALITY & DIVERSITY IMPLICATIONS	Equality & Diversity currently being undertaken
LINK TO OBJECTIVES	All
DECISION/ ACTION	For information

Administration Improvement Programme (AIP) Update – Month 12

Presented by: Karl Munslow-Ong, Deputy Chief Executive

The purpose of this paper is to provide a summary overview and assurance to the Trust Board on progress made by the AIP during April 2016.

Executive Summary

The Administration Improvement Programme is a programme of modernisation and innovation across the new integrated organisation to create an efficient and effective clinical and administrative support infrastructure; and is part of the Integration and Transformation Programme (ITP). The improvements will ensure the best possible experience and outcomes for patients across outpatients, admissions, wards and the Emergency Department. The restructuring and rescaling of the service will be supported by a series of initiatives and good practice redesign methodology.

1. Communications and Engagement Strategy

On 22 April 2016 the programme launched staff engagement sessions as a precursor to a formal consultation scheduled to commence on 6 June 2016. Staff group specific sessions continue until 11 May 2016 to afford further opportunity for feedback to the proposed workforce and operational model.

Engagement sessions included presentation to Medical Cabinet on the 18 April 2016 as introduction to the programme launch and on-going clinical engagement. A positive response was received which included senior clinicians subscribing time and contribution to programme delivery.

Soft communications continue with the use of dedicated intranet pages providing access to programme related information, FAQ's, on-line staff survey and dedicated email contact for individual questions.

External stakeholder engagement has involved presentation to the Patient and Public Quality Committee 27 April 2016 and further enhanced with representation from the Public Governors on the Programme Steering Group.

2. Resourcing and Financial Controls

The Trust currently has over 600 dedicated posts undertaking administrative duties across the organisation. It is clear from our initial analysis that there are significant opportunities to better utilise our administrative resources by redesigning much of the existing workflows that will improve quality and reduce overall costs.

Immediate financial controls include planned implementation of an Administration Challenge Board (ACB) to be led by the Chief Operating Officer for the monitoring and performance management of divisions against bank and agency usage, vacancy control and to vigorously

explore opportunities to close programme slippage. The ACB will be aligned to the governance constitutions of the existing medical and nursing staffing review panels in place.

3. Key Performance Indicator Monitoring

An automated KPI dashboard continues to be developed along with collection methodologies, however a broad range of indicators are already locked down and monitored weekly by the AIP Steering Group. This includes key customer response measures such as outpatient letter turnaround times and call response times for our call centres.

4. Talent Management

A focused Learning & Development workstream has been established through the introduction of an AIP sub-group with membership comprising of the Head of Learning and Development, operational managers and a selection of service line staff to develop an in-house post consultation assessment and on-going training programmes. The deliverables of this group include:

- Development of a post consultation assessment (Bands 4 to 7) to inform action planning for personal development to be followed 4 weeks later by an 'Action Learning Set'
- Training sessions for technical aspects of admin work to comprise of PAS and Policy elements in a way that resonates with specific lines of work (rather than a generic do-once approach)
- Customer Care training for front line staff to develop the skills needed to connect effectively with our patients and hospital users. The approach will include several innovative features including filmed case studies
- Evaluation of additional cost neutral training opportunities such as advanced communications skills or NVQs in Customer Care

Associated work in collaboration with Human Resources includes a feasibility assessment of the introduction of Apprenticeships as a new staff group.

5. Timeline and Next Steps

Key milestones and due dates include:

- Formal Consultation Paper to be published 6 June 2016, followed by a 30 day formal consultation period ending 8 July 2016

- A formal Response to Consultation Paper to be published 22 July 2016

- Implementation to commence 1 August 2016, which will be a two-phased approach.

  Phase 1 will focus on Bands 7 – 4 who will be required to partake in assessment to inform personal development plans prior to taking up assigned roles

  Phase 2 will assign Bands 2 to 3 to roles

  Full implementation to be completed by end of August 2016

- Transition to the new operational model and staffing structures will commence 1 September 2016. The anticipated completion date for full transition is 30 September 2016.

6. Immediate Control Measures to Improve Call Response Times

The programme also supports immediate actions to address call response performance and as such immediate corrective measures have implemented that include:

- Moving basic administration activities away from central booking to release call centre staff to focus on timely telephone response
  Phased completion from 16 May to 6 June

- Upgrading telephone software and extending to the outpatient environment along with realignment of resource to improve call response times
  Completion date 30 May

- Reviewing use of PAS to optimise functionality of Lastword to remove letter duplication and the need for patient to call
  Anticipated 6-week completion timescale – meeting next week to confirm

- Realignment of work distribution to ensure appropriate and adequate staffing resource assigned to areas of high demand
  Phased completion from 3 May to 6 June

The programme will brief the Quality Committee on the planned quality improvement elements and also undertake a deep dive session with the Finance Investment Committee.

Board of Directors Meeting, 5 May 2016

PUBLIC

AGENDA ITEM NO.	12/May/16
REPORT NAME	Board of Directors Forward Plan – Public
AUTHOR	Thomas Lafferty, Director of Corporate & Legal Affairs
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To maintain good governance.
SUMMARY OF REPORT	The forward plan lists all relevant meetings and refers to relevant documents expected to be submitted to the Board of Directors for their consideration.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	All
DECISION/ ACTION	For information

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Forward Plan PUBLIC

	7 January 2016	3 March 2016	5 May 2016
Deep-Dive	Nil	Nil	Nil
Strategy	Nil	Nil	•
Performance & Quality	• Integrated Performance Report • E-Governance: Monitor In-Year Reporting & Monitoring Report Q3	• Integrated Performance Report	• Serious Incidents Report • Integrated Performance Report • Administration Improvement Programme • E-Governance: Monitor in Year Reporting & Monitoring Report Q4
Governance	Nil	Nil	Nil
	7 July 2016	**1 September 2016**	**3 November 2016**
Deep-Dive	Nil	Nil	Nil
Strategy	Nil	Nil	Nil
Performance	• Serious Incidents Report • Integrated Performance Report • Inpatient Survey Results • E – Governance: Monitor in Year Reporting & Monitoring report Q1	• Serious Incidents Report • Integrated Performance Report	• Serious Incidents Report • Integrated Performance Report • E-Governance: Monitor in Year Reporting & Monitoring Report Q2
Governance	• Annual Equality and Diversity Report • John's campaign	Nil	Nil